

Registration Form



Roary and his friends
invite you to...

Child's Full Name: _____

Age: _____ Current School Year Group: _____

Address: _____

Please indicate if your child has any illness or medical condition that we should be aware of, including anything that may affect their ability to take part:

Asthma Epilepsy Diabetes

Food Allergies or Dietary Restrictions

Other (please give details)

Medication (please specify the dose and frequency of doses)

Date of last anti-tetanus injection if known:

In an emergency and/or if I am unable to be contacted, I am willing for my child to receive medical treatment at The Whole Life Christian Centre and/or at a hospital, including anaesthetic.

Yes No

Use of video or photographs

We may video or photograph parts of the holiday club. The purpose of this is to promote the holiday club and is not for general publication. Our guidelines also state that the footage will be of groups only, it will not carry any personal information and it will not be retained beyond their use.

I give permission for my child to appear in photographs and/or video footage intended for holiday club/church use only.

Yes No



**Children's holiday club
With a secret agent
theme!**

7th to 11th August 2017

SECRET

**Roary and his friends
invite you to a
wonderful week of:**

**Crazy crafts
Great games
Playful puppets
Marvellous magic
...and...
Mega music**

- Children in school years 2-6
- 7th to 11th August
- From 9:30am—12pm
- At the WLCC
- Free but limited places!
- Must preregister!

Name of parent/carer with parental responsibility: _____

Home Telephone Number: _____

Mobile Phone Number: _____

E-Mail address: _____

Please list the names of the people who will have the responsibility of collecting your child from the holiday club: _____

Consents

- I give permission for my child to take part in the holiday club activities.
- I understand that he/she will be under the control and care of the group leader and/or adults approved by the church/organisation leadership. I also understand that while the staff in charge of the group will take all reasonable care they cannot be held responsible for any loss, damage or injury suffered by my child during, or as a result of the holiday club.
- I am aware that this is a church based group which follows normal Christian patterns and values.
- I give consent for medical treatment/first aid in the case of illness or accident.

Signature of parent/carer with parental responsibility: _____

Date: _____

Please detach your completed form and return it to:

Holiday Club
The Whole Life Centre
Cabin Lane Church
Oswestry
Shropshire
SY11 2LQ

...or you can scan & send your form via Email to:

holidayclub@cabinlanechurch.org.uk

