

Champion's Challenge Holiday Club Registration and Consent Form

Section 1

This data will help us to keep in touch with you and provide the best possible care for your child during the LRBC Champion's Challenge Holiday Club.

1.1 Details of child

Name of child: First name: _____ Last name: _____

Date of Birth DD/MM/YYYY: _____

Address: _____

Postcode: _____

Telephone Numbers: _____ Email: _____

Name of family Doctor: _____

Address of family Doctor: _____

Postcode: _____ Telephone Number: _____

1.2 Parent/guardian information

Name(s) of parent(s) or other adult(s) who have parental responsibility for the child:

1. _____

2. _____

3. _____

4. _____

If the child does not live with the parent(s) or other adult(s) with parental responsibility, with whom do they live?

Name: _____ Relationship to child: _____

1.3 Emergency contact information

The person to contact in case of emergency:

Name: _____ Relationship to child: _____

Address: _____

Postcode: _____

Telephone Numbers: _____

Should the above not be available, please contact:

Address: _____

Postcode: _____ Telephone Numbers: _____

Continued overleaf...

1.4 Childs medical/allergy information

Please give details of any health problems, medical conditions or allergies (including food allergies) affecting your child, any medication they are taking or any disabilities they have that may affect normal activity:

I give permission for sticking plaster to be used on my child when necessary (Please tick as appropriate) YES NO

1.5 Child pick-up information

Name(s) of adults(s) collecting child at 12 noon

1. _____
2. _____
3. _____
4. _____

1.6 Publicity consent

Please tick in box if you do not wish your child to appear in any photos/video that may be taken during the course of the club and used for publicity purposes.

Section 2

To be read and signed **only** by a parent or other adult with parental responsibility.

By signing this I give permission for my son/daughter to take part in the activities of LRBC Champion's Challenge Holiday Club. I understand that the leaders will take all reasonable care in looking after my son/daughter but the leaders cannot necessarily be held responsible for any loss, damage or injury suffered by my son/daughter at Leigh Road Baptist Church or church garden.

In an emergency, if I cannot be contacted despite all reasonable attempts to do so by the leaders, I give permission for my son/daughter to undergo emergency medical/dental treatment including the use of anaesthetics as considered necessary by the medical authorities.

Signature: _____ Date: _____
Parent or other adult with parental responsibility

Print Name:

All of the data given on this form will be held and used in accordance with the Data Protection Act 1998.

Please complete in full and return to the address below. Thank you.

