



30 JULY - 3 AUGUST 2018 | 10am - 12.15pm
REGISTRATION DETAILS

Child's name: I give permission for photographs and video of my child to be taken:
Male/Female: For use during the club: Yes | No
Date of Birth: For church purposes such as holiday club promotion/church website: Yes | No
School Year (going into):
Parent / Guardian's Name: The child may be collected by (please include relationship to child):
Address: Please select if your child can go home unaccompanied at the end of the session (P5-P7 only):
Postcode: Yes | No
Email Address: Name of GP Practice:
Home no: GP Tel No:
Mobile no: Details of any known allergies or health problems:

CONSENT

I confirm that the above details are correct and complete to the best of my knowledge. In the event of illness or accident, I give permission for any necessary medical treatment to be given by the nominated first-aider. In an emergency and if I can't be contacted, I am willing for my child to receive hospital treatment, including anaesthetic if necessary. I understand that every effort will be made to contact me as soon as possible.

Name of parent/representative/legal guardian:

Signed:

Dated:

The information requested on this form can be completed by a carer, but only those with parental responsibility can sign the consent (NB this may not include a foster carer).

The information on this form will be processed by Hillview Community Church. This information will be confidential. The processing and storage of this information will comply with the Data Protection Act 1988. We will only share information where you have given us permission to do so and to ensure the safety of the child/young person in our care.

