



# TEAMBUILDERS REGISTRATION

Scripture  
Union

1<sup>st</sup> Ballyeaston: 2<sup>nd</sup> – 4<sup>th</sup>

July 2018

Please fill in this form to book a place for your child.  
Please use a *separate form for each child*.

<b>Child's Full Name:</b>		<b>M/F:</b>	
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<b>Child's Date of Birth:</b>		<b>Age:</b>	
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**Address:**

**GP's Name:**  
GP's Address:  
GP's Phone Number:

**Any Known Allergies or Conditions:**

**Parent / Guardian's Full Name:**

**Parent / Guardian's Phone Number:**

**Emergency** contact name, phone number, relationship to child

I give permission for my child's details and my details to be entered onto the church database.  
**Yes / No**

I give permission for my child's photograph to be taken during the club.  
*(Any photograph will be used for church purposes only including church magazine and press.)*  
**Yes / No**

**I confirm that the above details are complete and correct to the best of my knowledge.**  
In the event of illness or accident, I give permission for any appropriate first aid to be given by the nominated first aider. In an emergency, and if I cannot be contacted, I am willing for my child to be given hospital treatment, including anaesthetic if necessary. I understand that every effort will be made to contact me as soon as possible.  
**Signature of parent/guardian** \_\_\_\_\_ **Date** \_\_\_\_\_