

Guardians of Ancora

1st Ballyeaston: 3rd – 5th July 2017

Registration and Consent Form **to be complete in full.**

Please use a separate form for each child.

Child's Full Name:

M/F:

Child's Date of Birth:

Age:

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