



Holiday Club 26-30 July 2010 Registration and Consent form

(Only one form is required, if you have more than one child)

Cost: £5 per child for the 5 days, or £2 per child per day, payable on first day of attendance.

Name, date of birth, school and primary of Child/Children.

1) Name: _____ Date of Birth: _____

School: _____ Primary (e.g. P5): _____

2) Name: _____ Date of Birth: _____

School: _____ Primary: _____

3) Name: _____ Date of Birth: _____

School: _____ Primary: _____

Parent's/Guardian's Name: _____

Address: _____

Postcode: _____ e-mail: _____

Tel Numbers, Landline: _____ Mobile: _____

Alternative Emergency Contact Name: _____

Emergency Contact Numbers, Landline: _____ Mobile: _____

Any medical or dietary requirements: _____

I confirm that the above details are complete and correct to the best of my knowledge.

In the unlikely 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.

Parent's/Guardian's Signature: _____ Date: _____

Video and photographs will be taken during the week and used in a presentation at the end of the week, please tick the box if you would not like your child to be videoed or photographed during the Holiday Club.