

**Registration and Consent form** (Only one form is required, if you have more than one child)

**CHATTABOX Holiday Club 8<sup>th</sup> to 12<sup>th</sup> August 2011**

10.00 to 12.30 Monday and Tuesday at Kiltarlity Village Hall and  
Wednesday and Thursday at Kirkhill Community Centre  
11.00 to 13.00 Friday for all the family at Beaufort Castle

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

Name of Child/Children, date of birth, school and class entering on 16<sup>th</sup> August: -

1) Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School: \_\_\_\_\_ Class (e.g. P5): \_\_\_\_\_

2) Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School: \_\_\_\_\_ Class: \_\_\_\_\_

3) Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School: \_\_\_\_\_ Class: \_\_\_\_\_

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 may be taken during the week. Please tick the box if you would not like your child to be videoed or photographed during the Holiday Club.

**Please bring the completed form to "Chattabox" on the first day of attendance.**

More information available from Alasdair and Eileen Morrison  
tel: 01463 831185 email: almorrison155-club@yahoo.co.uk