



## REGISTRATION & PARENTAL CONSENT FORM

*To assist us with our planning, we would be very grateful if you could return this Registration Form to the Church Office prior to the Holiday Bible Club. If this is not possible, please bring this form along to the Crozier Hall on the first day of your child's Holiday Bible Club attendance. Thank you.*

**LEADER IN CHARGE : Miss Hannah McCann**

**St Mark's Church Office, 44 Victoria Street, Armagh. BT61 9DT**

**Tel : 028 37523197**

Participant's Name & Address : \_\_\_\_\_

\_\_\_\_\_ Date of Birth : \_\_\_\_\_ Sept 18 Primary School Class : \_\_\_\_\_

GP Name and Telephone Number : \_\_\_\_\_

Emergency Contact Number : \_\_\_\_\_

I am willing for (*child's name*) \_\_\_\_\_ to participate the Guardians of Ancora Holiday Bible Club and confirm that he / she is willing to participate as fully as possible.  
Yes  No

Parent's / Guardian's Signature : \_\_\_\_\_ Date : \_\_\_\_\_

(*Child's name*) \_\_\_\_\_ has the following medical condition(s) / allergies and requires the following medication, facilities and / or special diet (please give details)

\_\_\_\_\_

\_\_\_\_\_

I confirm that I have given consent for my son / daughter to attend the Guardians of Ancora Holiday Bible Club from August 13th to 17th 2018. In the event of he / she being taken ill or injured during the period of the above named activity so that surgical operation or serum injection becomes necessary, I hereby authorise the leader in charge to sign on my behalf any written forms of consent required, provided that the delay necessitated to obtain my signature might endanger his / her health or safety.  
Yes  No

I consent to my child's photograph being taken for St Mark's Church Publicity Purposes  
Yes  No

Parent's / Guardian's Signature : \_\_\_\_\_ Date : \_\_\_\_\_

***Consent must be given by the person with parental responsibility  
Please deliver and collect your child from the Church Hall Door  
Please apply suncream before attending (if necessary)***