



SUMMER CLUB REGISTRATION FORM

Name of parent/guardian:	
Email:	
Phone:	
Child's Name:	
Child's date of birth:	
Any medical conditions, allergies, phobias or other important information we should know about?:	
Does the child have any special dietary requirements?:	
Name and address of child's doctor:	
Telephone number of doctor:	
Alternative contact details if parent or carer attending is taken ill:	
I consent to any emergency medical treatment as considered necessary by the medical authorities, if I cannot be contacted:	Yes / No
I agree to images of my child taking part in activities to be used within the church community and for possible publication including newspapers or internet:	Yes / No
I agree to being contacted about the Children's choir, the All-Age and Children's Services, Junior Church and connected activities.:	Yes / No