

Ballymena Baptist Church Registration Form

I give permission for my child to attend the Football Fun Week (11th - 15th June 2018) and to participate in all activities.



Full Name of child: _____ M / F

Date of Birth: _____ School Year: _____

Address: _____

Phone number where I can be contacted in an emergency:

Home: _____ Work: _____

Mobile: _____

If unavailable contact: Name: _____

Phone no.: _____

Relationship to child: _____

Name and phone number of GP: _____

Details of any medical conditions or allergies (eg. Asthma/ diabetes/ epilepsy) and any medication:

Any other special needs, requirements or directions that would be helpful for leaders to know about:

I will inform the leaders of any changes to my child's health; medication needs and also to any changes of address or phone numbers given.

In the event of illness or accident, having parental responsibility for the above named child, I give permission for first aid to be administered where considered necessary by a trained first aider, if available, or by a suitably qualified medical practitioner.

If I cannot be contacted and my child should require emergency hospital treatment, I authorise an adult leader to sign on my behalf any written form of consent required by the hospital. However I understand that every effort will be made to contact me as soon as possible.

During the time your child spends with us photographs/video will be taken to be used on the family night (and church website) later in the week. By signing the form below you are giving your full consent. Secondly, your signature will also be taken as consent to hold information on this form either in hard copy or electronically. This form will be destroyed after the event has completed.

Signature of parent/guardian _____ Date _____

Name printed in full _____