

BALLYMENA BAPTIST CHURCH DISCOVERY WEEK REGISTRATION FORM



I give permission for my child to attend the **Holiday Bible Club AND Football Fun Week (16-20th August 2021)** and to participate in all activities.

Full Name of Child _____

Date of Birth: _____ School Year: _____

Address: _____

Phone number where I can be contacted in an emergency:

Home: _____ Work: _____

Mobile: _____

If unavailable contact: Name: _____

Relationship to child: _____

Phone no: _____

Name and phone number of GP: _____

Details of any **medical conditions** or **Allergies** (e.g., 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 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 will spend with us photographs/videos may be taken for general purposes and for this we need your permission. These may be used on the church's website. On signing this form, we will assume you have given permission. ****Should you not wish to have photographs/videos of your child taken please indicate this by ticking the statement below****

I **do not** give permission for photographs/videos of my child to be placed on the church's website.

Signature of parent/guardian: _____ Date: _____

Name printed in full: _____