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| Holiday Club 2017 - Landlubbers Consent & Registration Form  ***(Please use a separate form for each child)***  ***Landlubbers@ West Orchard*** *will take place at West Orchard Church, Baginton Road on 26th-28th July 2017 from 10.00am till 2.00pm. All children will need to bring a* ***packed lunch*** *(no eggs or nuts please due to severe allergies).* ***Cost is £18 per child to cover costs.*** | | | |
| ***Child’s full name*** | | ***Date of birth*** | **Sex - M/F** |
| ***Address*** | | | |
| ***School*** | ***School Year in 2016-17 (e.g. reception or Year 5)*** | ***Do you attend church and if so which one?*** | |
| ***Parent/Guardian’s full name*** | ***Address (if different from above)*** | ***Phone Number*** | |
| ***Email*** | |
| ***Emergency Contact Name*** | | | |
| ***Emergency contact address & Phone number (if different from above)*** | | ***How did you hear about holiday club?***  Flyer, email, friend, website? | |
| *Any known relevant allergies or conditions (e.g. special needs or allergies). Please specify clearly between intolerances and severe allergies.* | | | |
| 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.  *Signature of parent/guardian: ……………………………………….…..date: ……………….* | | | |
| The church would like to use photos of ***Holiday Club*** for promotional and display purposes. If you agree to your child’s photo being taken please sign to give your consent. We will ask your child’s permission too*.*  *I consent to my child being photographed………………………………………………………* | | | |
| *I give permission for my child’s and my details to be entered on the activity day database.* ***Yes / No*** | | | |
| *My child will be collected from* ***Holiday Club***  *by myself/ other person \*Please circle*  *\*Please give name & relationship to child e.g. friend’s mum, childminder, aunt etc.*  *………………………………………………………………….* | | | |
| ***Please register my child*** f***or the Holiday Club***  *Parent/Guardian’s signature……………………………………………………………………* | | | |
| *Whilst every effort will be made by our volunteers to ensure the safety of all children, the church cannot be held responsible for accident to a child or their property.*  ***Please return by 17th July with the fee of £18*** *per child, cash or cheque made payable to “West Orchard United Reformed Church” to: Hugh Maccallum, West Orchard URC, Baginton Road, Styvechale, Coventry CV3 6FP.* [*westorchardurc@yahoo.co.uk*](mailto:westorchardurc@yahoo.co.uk) | | | |