POLAR EXPLORERS REGISTRATION AND CONSENT FORM

Child's full name Sex: M / F

Date of Birth Age

School Primary

Church Connection (if any)

Please register my child for Polar Explorers Holiday Club

Parent / Guardian full name

Address

Email Address_____

Phone number

I give permission for my details to be entered on the church database. Yes / No

I give my permission for my child's photograph to be used in church publications. Yes / No

Emergency contact name

Emergency contact phone number

GP's name

Any known allergies or medical conditions

I confirm that the above details are complete and correct to the best of my knowledge.

In the unlikely event of any illness or accident I give permission for any necessary medical treatment to be given by the nominated first-aider. In an emergency and if I cannot be contacted, I am willing for my child to receive hospital treatment, including anaesthetic if necessary. I understand that every effort will be made to contact me as soon as possible.

Parent’s / Guardian’s signature Date