



# HOLIDAY CLUB REGISTRATION & CONSENT FORM

**GRACE BAPTIST CHURCH** Reg Form RF2

HOL CLUB No.

Child's Surname:	Child's 1st Name:	Date of Birth:
Child's Address:		
Name of School:		School Year:
Contact tel. no(s) during holiday club:		
Allergies, Medical Conditions or Special Needs: YES <input type="checkbox"/> NO <input type="checkbox"/> If 'YES' give details below		
<i>In the unlikely event of illness or accident, I give permission for appropriate First Aid to be given by a nominated first-aid-er. In an emergency, and if I cannot be contacted, I give consent for my child to receive treatment by a GP and/or hospital, including treatment under general anaesthetic. I understand that every effort will be made to contact me as soon as possible. I am willing for my child to be included in photos of holiday club. (Photos will only be used by Grace Baptist Church.)</i>		
Parent or Guardian's Full Name		
Parent or Guardian's Signature		Date:

**Please complete one form for each child attending. Thank you!**



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