



**Registration Record for
Children's Jubilympics on Thursday July 26th 2012
11.30am-4.30pm**

Family Contact Details

Child 1's Full Name.....Date of Birth.....

Child 2's Full Name.....Date of Birth.....

Full name of parent/guardian:

Home Address:.....

Home /Mobile no. Home email

School School year

Whilst in our care, it would be helpful for us to know whether your child suffers from any allergies, is on any medication or if there is anything else you think we need to know.

- Does your child have any food allergies? (If yes, please specify on back).....
- Does your child have any medical conditions? (If yes, please specify on back).....
- Are they on medication? (If yes, please specify on back)
- Do they have any special needs? (If yes, please specify on back)
- Is there anything else you would like us to know about your child?
- Family doctor's name, address and telephone number

Emergency Contact details for parents/guardians

Contact telephone number during group or activity time:

Contact name and number for an alternative adult in case of emergencies:

Relationship to Child:

Arrangements for Collection

My child will be collected by Relationship to child

Name of anyone NOT allowed to collect my child (if applicable)

Photo consent

At the Children's Jubilympics, we may take photos and use them on the church internal noticeboards, parish magazine and church website. Children will not be identified by name. The images will be stored on a computer file.

I consent to images of my child(ren), named above, being used and stored as stated above.

Signed (Parent/Guardian) Date

Declaration

I give permission for my child(ren), named above, to attend the above group and take part in the specified activities.

Signed (Parent/Guardian) Date

**PLEASE RETURN TO FRAN SIDDLE VIA THE CHURCH OFFICE IN AN ENVELOPE MARKED
"JUBILYMPICS" WITH THE £3 REGISTRATION FEE BY MONDAY 16TH JULY 2012**