

Fit Crew 2016

Parental Permission for Fit Crew Sessions

I give permission for my child/children
to attend the Fit Crew sessions on: [please tick]

- | | | | |
|--------------------------|--|------------------------------------|---|
| <input type="checkbox"/> | Sunday 10th July | 6-8pm at The Baptist Church | Collection Arrangements Please complete as necessary. |
| | This session will be to paint the art-work for the teams. | | On Own/Collected by |
| <input type="checkbox"/> | Sunday 24th July | 6-8pm at The Baptist Church | On Own/Collected by |
| | This session will be to learn the Fit Crew routine | | |
| <input type="checkbox"/> | Sunday 14th August | 3-4pm at The Blackbourne. | On Own/Collected by |
| | This session will practise the routine and help set up. | | |
| <input type="checkbox"/> | Wednesday 17th August | 1-4pm at The Blackbourne | On Own/Collected by |
| | Puppet workshop and Archery session. (Packed lunch required) | | |

Any other details we should be aware of (e.g. allergies, medical needs etc.)

T-Shirt Required? Yes/No Please circle size required **9-11 12-13 Small Adult**
I enclose £7.00 cash to cover the cost of each T-shirt required.

Contact Number for Session Times: _____

Signed _____ Date _____

AUTHORIZATION TO RECORD NAME AND ADDRESS ON COMPUTER DATA BASE

Elmswell Fellowship of Churches would like to keep your child's name, address and age on their computer data base so that they can invite them to special children's events that are planned throughout the coming year. This will greatly help us with our administration and ensure your children do not miss out on these events.

We stress that this information will only be used for events run by us at Elmswell and under no circumstances will this information be passed onto any other organisation or used for any other purpose.

Many thanks for your co-operation in this.

If you are prepared to allow us to do this could you please sign below

Signed Parent/Guardian (delete as applicable).

Registration and Medical Form

To be completed by person with parental responsibility for child attending the Holiday Club.

(Please print clearly)

Full name of child/children

Childs Ages Dates of Birth

Address:

..... Postcode

Home telephone number:

Emergency contact number (if different):

I give my permission for the above named child to attend and take part in the holiday club.

Furthermore in the event of accident or illness, I authorise:

- a) the leader(s) of the event to administer first aid and appropriate medication
- b) the leader(s) of the event to sign on my behalf any written form of consent required by medical authorities, should obtaining my signature cause a delay in treatment, which is considered inadvisable by the doctor or surgeon concerned.

Signed Date

Please print your name here Relationship
(eg mother, father etc...)

Does the child suffer from any special medical condition that we should be aware of?
(e.g. asthma, allergies, epilepsy, diabetes etc.)
.....
.....

Please give details of any current medication/ treatment. (inhalers, medicine, dosage etc)
.....
.....

NB. Please state the name of the child next to the relevant information if you are completing this form for two or more children.

ALL THE INFORMATION GIVEN ON THIS FORM WILL BE TREATED IN THE STRICTEST CONFIDENCE AND ONLY USED IF ABSOLUTELY NECESSARY.

PLEASE REMEMBER INADEQUATE INFORMATION COULD PUT A LIFE AT RISK

n/a

Received Registration Fee £

Signed