

# Fit Crew 2017

## Parental Permission for Fit Crew Sessions

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

- Sunday 9th July 6-8pm at The Baptist Church,**  
Fit Crew Routine and Drama Rehearsals.
- Sunday 23<sup>rd</sup> July 6-8pm at The Baptist Church,**  
Team Art-Work Session
- Sunday 6<sup>th</sup> August 6-8pm at The Baptist Church,**  
Fit Crew Routine and Drama Rehearsals.
- Sunday 13<sup>th</sup> August 3-4pm at The Blackbourne**  
Fit Crew Routine and Drama Rehearsals.
- Thursday 17<sup>th</sup> August 1-4pm at The Blackbourne**  
Juggling Skills and Archery session. (Packed lunch required)

### Collection Arrangements

Please complete as necessary.

- On Own/Collected by .....
- On Own/Collected by .....
- On Own/Collected by .....
- Own/Collected by .....
- Own/Collected by .....

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)

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**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**

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

Signed .....

**n/a**