

"Adventure Cruise" Holiday Club Booking Form, 2015

Please reserve a place for my child on: Tue 7 Apr ☐ Wed 8 Apr ☐ Thu 9 Apr ☐ Fri 10 Apr ☐
(The Holiday Club costs £1 per session, please bring this when you drop your child off)

There will also be a special Family Service on Sunday 12th April, when you will have the opportunity to find out what your children have been doing during the week, and share in the fun with us. Watch out for further details!

Child's name: _____ M/F _____ Age: _____

Address: _____

Date of birth: _____

School: _____ Year: _____

Any important information (including allergies, medication etc):

Doctor's name & Telephone no: _____

Photographs may be taken at the event to share with others (through the church website & the local newspaper) what we have been doing. Please tick below if your child may be in photographs:

All photographs ☐ Church website only ☐ Local paper only ☐ No photographs ☐

Parent/guardian name: _____

E-mail: _____

Telephone No: _____

Emergency contact no: _____

In the event of an emergency I give consent for my child to receive necessary medical treatment, including anaesthetic.

Signed _____
(Parent/guardian)

I give permission for my child to attend "Adventure Cruise" Holiday club.

Signed _____
(Parent/guardian)