

# **Holiday Fun 2010 Registration and Consent Form**

(Please use separate form for each child)

If you have a Annual Consent Form for Woking URC please only complete the lines marked with a \* and please notify us of any changes

**\*Name of Child** \_\_\_\_\_ **Male/ Female**  
**Address** \_\_\_\_\_

**Tel nos.- Home :** \_\_\_\_\_ **Mobile :** \_\_\_\_\_

**Email** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_ **\* Emergency Contact No.** \_\_\_\_\_

**\*Parent's/Guardian's signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**\*Parent's/Guardian's full name and address**  
\_\_\_\_\_  
\_\_\_\_\_

**\*Tel nos. Home:** \_\_\_\_\_ **\* Mobile :** \_\_\_\_\_

**Photographs will be taken during the week for display at the Church, please sign if you are happy for your child to be included in these photographs. Signature** \_\_\_\_\_

I give permission for my child's and my details to be entered on the church database **YES/NO**

Please give details of any known conditions or allergies (e.g. asthma, diabetes, food intolerance), including any special needs \_\_\_\_\_  
\_\_\_\_\_

**GP's Name** \_\_\_\_\_ **GP's Tel. no** \_\_\_\_\_

**I confirm that the above details are complete and correct to the best of my knowledge.**

In the unlikely event of illness or accident, I give my permission for any appropriate first aid to be given by the nominated first-aider. In an emergency, and if I cannot be contacted, I am willing for my child to be given hospital treatment, including anaesthetic if necessary. I understand that every effort will be made to contact me as soon as possible

**Signature of Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

\* Tick days attending – Monday \_\_\_ Tuesday \_\_\_ Wednesday \_\_\_ Thursday \_\_\_ Friday \_\_\_ Total payment £ \_\_\_\_\_

Please return to Youth and Family Office,  
Woking United Reformed Church, c/o 7 York Road Woking Surrey GU22 7XH  
Or by email to holidayfunclub@wokingurc.org.uk