

REGISTRATION FORM



Child's full name Date of birth

Address

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Telephone number

Email address

Name and telephone number of GP

Details of any additional needs or any known conditions, allergies, etc.

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In the unlikely event of illness or accident, I give permission for any necessary medical treatment to be administered by the nominated first-aider, or by suitably qualified medical practitioners. Should my child require emergency hospital treatment, I authorise an adult leader to sign on my behalf any written form of consent required by the hospital if I cannot be contacted. I understand that every effort will be made to contact me as soon as possible.

Photographs will be taken during the week. I give permission for photographs including my child to be used in the following ways -

- Printed and displayed on the walls within Life Centre / Wychwood Baptist Church buildings YES / NO
- Used within a video presentation to be shown during a church service YES / NO
- Used within a printed publication YES / NO
- Used on Life Centre / Wychwood Baptist Church website YES / NO

NB. Photos will never appear with names of children or other information that would make them identifiable.

I give permission for my contact details to be kept securely by the Life Centre / Wychwood Baptist Church (in paper form and electronically) and for them to contact me with information about future children's events. Please note that these details will not be shared further.

Signature (parent/guardian) Date

My child will normally be collected by the following adult(s) at 12.30pm

Name or

Please return this form as soon as possible to:

John Witts, 81 High Street, Milton Under Wychwood, OX7 6LD

Or email your completed form to surfsuplc22@gmail.com

We're looking forward to seeing your child at **Surf's Up!**