

Exploring Noah Registration Form

NAME:	DATE OF BIRTH:
ADDRESS:	
EMAIL ADDRESS:	
SCHOOL:	SCHOOL YEAR (just finished):
CHURCH ATTENDED (if any):	
PARENT/GUARDIAN NAME:	PARENT/GUARDIAN CONTACT NO.:
PARENT/GUARDIAN ADDRESS (if different from child address):	
<p>In order to purchase food for the BBQ, please provide total number of burgers and sausages required for you as a family and include £1 per head in the NAMED envelope: <i>(please include those for children attending Exploring Noah)</i></p> <p>No of people attending BBQ: _____</p>	

NAME OF GP:

ADDRESS OF GP:

CONTACT NUMBER:

Please complete:

- | | |
|---|--------|
| 1. Is he/she taking any medication, which needs to be continued during Exploring Noah? | Yes/No |
| 2. Does he/she suffer any recurrent illness – asthma, hay fever, fits or faints? | Yes/No |
| 3. Is he/she known to be allergic or sensitive to anything (e.g. Penicillin, Aspirin, other medicines, food etc.)? Please note: we give out snacks during the afternoon | Yes/No |
| Details of allergy: _____ | |
| 4. I give my <u>permission</u> for photographs to be used for advertisement and on the website | Yes/No |
| 5. I give my <u>permission</u> for emails to be sent regarding future church events | Yes/No |

I give my permission for the child named above to attend and take part in the activities of Exploring Noah.

I authorise emergency treatment to be provided for my child should this be necessary during the activities.

In the event of illness or an accident requiring emergency treatment, I authorise the Leader(s) to sign on my behalf any written form of consent required by the hospital authorities, if the delay required to obtain my own signature is considered inadvisable by the doctor or surgeon concerned.

PARENT/GUARDIAN SIGNATURE:

DATE:

PARENT/GUARDIAN PRINT NAME: