



ST MARK'S ARMAGH REGISTRATION FORM

Please sign one consent form per child attending

Leader in Charge: Rev Sarah Parkinson Church Office: 44 Victoria Street, Armagh

Child's Name : _____

Address: _____

Date of Birth: _____ September 22 Primary Class: _____

GP Name & Telephone: _____

Emergency Contact name & Number:

Please state any medical conditions or allergies:

I consent to my child's photograph being taken for St Mark's Church publicity both online & in print:

Yes No

I confirm that I have given consent for my child to attend the Space Academy Holiday Bible Club from August 9th -12th 2022. In the event that my child is taken ill or injured during the period of the above named activity so that surgical operation or medical treatment becomes necessary, I hereby authorise the leader in charge to sign on my behalf any written forms of consent required, provided that the delay necessitated to obtain my signature might endanger his / her health or safety.

Yes No

Signed: _____ Date: _____

To assist us with our planning, we would be very grateful if you could return this Registration Form to the Church Office prior to the Holiday Bible Club. If this is not possible, please bring this form along to the Crozier Hall on the first day of your child's Holiday Bible Club attendance. Thank you.

