

# **BACKPACKERS REGISTRATION FORM**

Please sign one consent form per child attending

Child's name:

Address:

Date of Birth:

Primary class Sept 24:

GP Name & Telephone:

Emergency contact name & number:

Please state any medical condition/allergies:

I consent to my child's photograph being taken for St Mark's  
publicity both in print & online  Yes  No

I confirm that I have parental responsibility and have given consent for my child to attend the Backpackers Holiday Bible Club from August 12th-16th 2024. 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.

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.

