

# Churches Together in Sedbergh & District

**Holiday Club** Registration form

**Monday July 23<sup>rd</sup> to  
Friday July 27<sup>th</sup> 2018**

**Sedbergh People's Hall  
from 10 a.m. to 12 noon.**

**ON YOUR MARKS...**

**Child's full name:** \_\_\_\_\_ **M / F**

**Date of birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Parent's/Guardian's full name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone number:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_

**Emergency contact name:** \_\_\_\_\_ **Phone number:** \_\_\_\_\_

**GP's name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

..... or just tick if Sedbergh Medical Practice (Phone: 01539 718191)

e-mail contact address (optional): \_\_\_\_\_  
(This will be used to let you know of other children's events through the year.)

**Any known allergies or conditions:** \_\_\_\_\_

I give permission for these details to be stored on the Holiday Club spreadsheet (kept confidential): **Yes / No**  
Personal information is stored securely in accordance with the Data Protection Act 2018 (GDPR).

I give permission for my child to be included in photos and videos taken during the Club: **Yes / No**  
(Photographs and videos will be used only within the holiday club community and will not be published anywhere.)

Please register my child for Holiday Club at Sedbergh People's Hall from July 23<sup>rd</sup> to 27<sup>th</sup> 2018.  
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 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 medical or hospital treatment, including anaesthetic if necessary.  
I understand that every effort will be made to contact me as soon as possible.

Signature of parent or guardian: \_\_\_\_\_

**Notes:** \_\_\_\_\_  
**Special Requests:** \_\_\_\_\_