

Woodlands Summer Club Registration Form

Please use this consent & registration form to book a place for your child. A separate form must be used for each child or you can register by email: holylandevelyn@gmail.com

Summer Club will take place at Woodlands Methodist Church from 9th to 11th August. Doors open at 09.45 and children need to be registered by 10.00. The session will end at 12noon.

Child's Full Name: _____

Known as: _____ Gender: M/F

School: _____ D.O.B _____

Please register my child for Summer Club.

Parent's/Guardian's full name: _____

Address: _____

Telephone Number: _____

Mobile: _____

Emergency Contact: _____

Email: _____

GP's Name: _____

GP's Phone Number: _____

Known allergies/conditions: _____

Does your child require 1:1 support? Please give details:

- I confirm 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 necessary medical treatment to be given by the nominated first-aider.
- In an emergency, and if I cannot be contacted, I am willing for my child to receive hospital treatment, including anaesthetic if necessary.
- I understand that every effort will be made to contact me as soon as possible.
- I give permission for my child's image to be taken and used in the Church magazine or on the Church websites. YES/NO

Parent/Guardian Signature: _____

Date: _____

Please return to: FAO E.Holyland, Woodlands Methodist Church, Wetherby Road, Harrogate, HG2 7SG.
Or email to holylandevelyn@gmail.com