## HOLIDAY CLUB

8<sup>th</sup> and 9<sup>th</sup> August 2013

This form should be completed by parents or persons with parental responsibility. The information on this form will only be used for the Holiday Club and/or Sunday Bible Explorers.

Name	of Child:						
Surname:  Date of Birth://			Forename:	Forename:			
			Gender: M	Gender: M F [Please tick appropriate			
I agree part in	e that the activities a	arranged by the	Walsall Christadelphiar	(name of one of the second contract of the Bible I	child) may be allow Explorers Holiday (	red to take Club.	
Days my child will be able to attend: Thursderiday			Thursday 8 <sup>th</sup> Friday 9 <sup>th</sup>	☐ [Pleas	e tick appropriate	box(es)]	
This in		be used to ensu	re that any medical nee alt with appropriately.	eds your child r	may have whilst att	tending	
1.	Your son's	daughter's fami	ly doctor				
	Name:						
	Address:						
	Telephone						
2.			ular medication or suffe ds, medicines, asthma,			low.	
4.	Does your ch	ild have any alle	ergies? [Please circle]  Certain Medications	Bee Stings	Other Foods		
	If yes, please			200 090	0.1101.11.0000		

## **Contact addresses and telephone numbers:**

I can be contacted by telephone on t	the following number(s):		
Home: Wo	rk:	Mobile:	
My home address is:			
An alternative person to contact is:			
Name:			
Tel.No:	Mobile:		
Consent I give permission for my above name activities of this holiday club.	ed child to go to Walsall	Arboretum to participate in games	as part of the
Signed: Parent/Carer	D	ate://	
In the event of an emergency, I agre dental treatment, including general a medical authorities present.			
Signed: Parent/Carer	D	ate://	
Do you also agree to have photogra Club? These will only be used durin Tick appropriate box.			oliday
Y N			

Please bring this form with you to the holiday club. Thank you!