

BLUE?

Easter funday
Sat 22nd March
10am-3pm

Registration forms in Link or online
www.windleshamchurch.org.uk/youth
Years R - 6. Register by 2nd March

Come along for fun,
games, craft, messy
challenges, music
and to learn a bit
more about the
good news of
Easter

GLOBAL GANG Registration Form, Windlesham 2008

Parents and carers need to fill out the registration form and return with £8 per child* as soon as possible and no later than **2nd March 2008** to: Easter Funday, St John the Baptist Church, Church Road, Windlesham, GU20 6BL.

You will need to bring a packed lunch on the day (no nuts please!).

Please make cheques payable to: "Windlesham Church Fundays". Spaces are limited, so please do register early.

Child's full name		
Date of birth (dd/mm/yy)		
Child's age at time of event		
Address		
Email address (if you would like to be kept in touch via email of future events)		
Emergency contact name and phone number for time of the event		
Name of GP		
GP Phone number		
Any known allergies or medical conditions		
Date of last tetanus		
Name of school attended		
Current school year		
Names of any friends they would like to be with in a group		
Do you give your consent for use of event photos including your child?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Photos of the event are a really good way for us to tell other people about the fun we had. We don't use children's names in photos

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 necessary medical treatment to be given. In an emergency 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.

NB The medical profession takes the view that a parent's consent to medical treatment cannot be delegated. Medical consent forms have no legal status and a doctor has the right to insist on parental consent before treating a child. We have found, however, that medical staff find this type of general consent helpful.

Signed:(Parent/Guardian)

Date:

*We do not want anyone to be excluded on the grounds of inability to pay, so if this is a difficulty, please contact Jo on 474429.