

Woking URC Summer 2017 Holiday Fun Registration and Consent Form – WEB BOOKINGS

(Please use a separate form for each child and complete all sections)

Name of Child	_____	Boy/Girl	_____
Date of Birth	___ / ___ / _____	(must be prior to 31/08/2011)	Age _____ Current School Year _____
Address	_____		
	_____ Postal Code _____		
Tick Days Attending	Monday, 24/07 __	Tuesday, 25/07 __	Wednesday, 26/07 __
	Time 09:15 to 12:30		
Payment (£5.00 per session; £12.00 for all 3 days; siblings £4.00 per session; £10 for all three days)			Total £ _____ .00
Parent/Guardian Address if different from above			
Address	_____		
	_____ Postal Code _____		
E-mail address	_____		
Home Contact No.	_____	Mobile Contact No.	_____
Emergency Contact Name	_____	Emergency Contact No.	_____
We will be making a small photographic record of the Holiday Fun Club and wish to film and/or take photographs of the various activities. The photos/film will not be distributed but may be shown at church services and on our website.			
Please indicate your consent for the child to be included..... YES/NO			
I am happy for the child's and my contact details to be retained for the purpose of informing me of future children's events..... YES/NO			
Parent/Guardian Name	_____		
Signature	_____	Date	___ / ___ / _____

MEDICAL CONDITIONS/ADDITIONAL NEEDS. Please give details of any known conditions, additional needs or allergies (e.g. asthma, diabetes, ADHD etc.) and any medication required.	

GP Name	Contact No.
_____	_____
In the unlikely event of illness or accident, I give my permission for any appropriate first aid to be given by the Holiday Fun Club nominated first-aider. In an emergency and I if cannot be contacted, I am willing for my child to be given hospital treatment, including anaesthetic if necessary. I understand that every effort will be made to contact me as soon as possible.	
I confirm that the above details are complete and correct to the best of my knowledge	
Parent/Guardian Name	_____
Signature	Date
_____	___ / ___ / _____

FOOD & DIETARY REQUIREMENTS. Please indicate with a tick which of the following your child CANNOT eat:-
<input type="checkbox"/> dairy <input type="checkbox"/> eggs <input type="checkbox"/> pork <input type="checkbox"/> beef <input type="checkbox"/> poultry <input type="checkbox"/> gluten/wheat <input type="checkbox"/> sugar <input type="checkbox"/> nuts
Please specify any other allergies/intolerances _____
We provide cooking activities each day using a variety of ingredients, but we will always try to provide an alternative if your child cannot eat something.

Please return this form to "Holiday Fun Club, Woking United Reformed Church, White Rose Lane WOKING, GU22 7HA"
or by e-mail to holidayfunclub@wokingurc.org.uk.
Payment may be made by cash or cheque (payable to Woking United Reformed Church) or by bank transfer (please ask for details)