

## Registration/Permission Form Regular Church Groups/Clubs

Confidential

this form is for registering c	nlidren for regular Church groups or clubs.	,
Name of Congregation	Hope Church Blackwood & Kirkmuirhill	<b>V</b>
Name of Church group	Inservice Day Club	
Child's name		
Address		
Date of Birth		
Parent/Guardian contact	tel. no.	
Emergency Contact name	e and tel.no.	
Doctor's name and tel.no		
Allergies, conditions, med	dication or dietary needs	
Group Venue	Hope Hub, 183A Carlisle Road, Blackwood	To be completed by the organiser
Days and Times	Tuesday 19/11/2019, Wednesday 12/02/2020 and Thursday 07	7/05 <del>/2020 9am - 3pm</del>
I give my consent for my chi	ld to attend the group described above.	
In case of emergency, and if including anaesthetic.	I cannot be contacted, I am willing for my child to receive hospit	al treatment if required,
I understand that every effo	ort will be made to contact me as soon as possible.	
Signed* *delete as appropriate		Parent/Guardian*
Print Name	Date .	