

## Registration/Permission Form Regular Church Groups/Clubs

Confidential

This form is for registering c	midlen for regular Charch groups of clabs.
Name of Congregation	Hope Church Blackwood & Kirkmuirhill
Name of Church group	After School Club
Child's name	
Address	
Date of Birth	
Parent/Guardian contact	tel. no.
Emergency Contact name	and tel.no.
Doctor's name and tel.no	
Allergies, conditions, medication or dietary needs	
Group Venue	Hope Church, 183A Carlisle Road, Blackwood by the organiser
Days and Times	ay 24/02/2022 3pm - 5pm Thursday 31/03/2022 3pm - 5pm
Thursday 28/04/202	2 3pm - 5pm Thursday 26/05/2022 3pm - 5pm Thursday 23/06/2022 3pm - 5pm
Laive 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 hospital treatment if required,
I understand that every effo	rt will be made to contact me as soon as possible.
Signed* *delete as appropriate	Parent/Guardian*
Print Name	Date