



**Registration/Permission Form
Regular Church Groups/Clubs**

Confidential

This form is for registering children for regular Church groups or clubs.

Name of Congregation Hope Church Blackwood and Kirkmuirhill

Name of Church group After School Club and In Service Days

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

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Group Venue Hope Church 183a Carlisle Road Blackwood.

**To be completed
by the organiser**

Days and Times
29/9,27/10,14/11,24/11,15/12,26/01/2023 15/02/2023

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I give my consent for my child to attend the group described above.

In case of emergency, and if I cannot be contacted, I am willing for my child to receive hospital treatment if required, including anaesthetic.

I understand that every effort will be made to contact me as soon as possible.

Signed..... Parent/Guardian*

*delete as appropriate

Print Name Date