



I give permission for my child to attend **COSMIC CHAOS HOLIDAY CLUB!**  
on the 20 - 24 August 2007 (inc) between 10am & 2pm

Full name: .....

Address: .....

Home phone number: .....e-mail: .....

Phone number where you can be contacted in an emergency: .....

Date of birth: ..... Age: .....

Name & phone number of GP: .....

Details of any known conditions, allergies etc (eg. asthma, diabetes): .....

.....

**In the unlikely event of illness or accident, I give permission for any necessary medical treatment to be administered by the nominated first aider, or by suitably qualified medical practitioners. Should my child require emergency hospital treatment, I authorise an adult leader to sign on my behalf any written form of consent required by the hospital if I cannot be contacted. I understand that every effort will be made to contact me as soon as possible.**

**I confirm that the above details are correct to the best of my knowledge.**

Name: .....(Parent / Guardian)

Signature: .....

Date: .....

Name of Friend(s) attending Holiday Club: .....

My child will normally be collected by one of the following adult(s) at 2pm

Name: ....., or .....

**Please return this registration form as soon as possible, with payment of £2.00 per day (cheques payable to Sue Coltman) to:**

**Sue Coltman: 01206 544537 or Andrew Topple: 01206 794020  
Wimpole Road Methodist Church, Wimpole Road, Colchester, CO1 2DL**

We look forward to seeing your child at **COSMIC CHAOS at 10am on 20 August.**