

PYRAMID ROCK

I give permission for my child to attend **PYRAMID ROCK HOLIDAY CLUB!**
on the 24 - 28 August 2009 (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):

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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.

I give my agreement to my child being photographed with the pictures used for publicity purposes (please delete if you are unwilling to agree to this).

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 Holiday Club A/C) to:

Sue Coltman and Andrew Toppo, Wimpole Road Methodist Church, Wimpole Road, Colchester CO1 2DL