

**SEAGATE HOLIDAY CLUB**  
(ALSO AVAILABLE ONLINE TO EMAIL)

**DETAILS OF PERSON ATTENDING ACTIVITY**

NAME \_\_\_\_\_ CLASS (JUNE 2018) \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
DATE OF BIRTH \_\_\_\_\_ POST CODE \_\_\_\_\_  
DOCTOR \_\_\_\_\_ SEX MALE / FEMALE  
DR NO: \_\_\_\_\_  
DETAILS OF ANY REGULAR MEDICATION OR MEDICAL CONDITION (E.G. ASTHMA, EPILEPSY, DIABETES,  
ALLERGIES OR DISABILITIES WHICH MAY AFFECT NORMAL ACTIVITY) \_\_\_\_\_  
\_\_\_\_\_

**EMERGENCY CONTACT DETAILS**

**1<sup>ST</sup> CONTACT**  
PARENT / GUARDIAN'S NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
TEL NO. / MOB NO. \_\_\_\_\_ / \_\_\_\_\_

**2<sup>ND</sup> CONTACT**  
PARENT / GUARDIAN'S NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
TEL NO. / MOB NO. \_\_\_\_\_ / \_\_\_\_\_

**PARENTAL DECLARATION**

I GIVE PERMISSION FOR MY CHILD, AS NAMED ABOVE, TO TAKE PART IN THE HOLIDAY CLUB ORGANISED ACTIVITIES. I UNDERSTAND THAT WHILE INVOLVED IN ACTIVITIES, MY CHILD WILL BE UNDER THE CONTROL AND CARE OF THE HOLIDAY CLUB LEADERS AND THAT, WHILE THEY WILL TAKE ALL REASONABLE CARE OF CHILDREN AND YOUNG PEOPLE, THEY CANNOT NECESSARILY BE HELD RESPONSIBLE FOR ANY LOSS, DAMAGE OR INJURY SUFFERED BY MY CHILD DURING OR AS A RESULT OF THE ACTIVITY. IN AN EMERGENCY I AM WILLING FOR MY CHILD TO RECEIVE NECESSARY MEDICAL, HOSPITAL OR DENTAL TREATMENT INCLUDING ANAESTHETIC. I GIVE CONSENT TO MY CHILD BEING PHOTOGRAPHED AND VIDEOED AND ALLOW THIS TO BE USED FOR PROMOTIONAL PURPOSES ON SOCIAL MEDIA.

MY CHILD WILL BE PICKED UP AT THE END OF EACH SESSION BY A RESPONSIBLE ADULT.

SIGNATURE OF PARENT/GUARDIAN..... DATE.....

(UNFORTUNATELY DUE TO THE CAPACITY FOR THE HOLIDAY CLUB HEALTH AND SAFETY REGULATIONS ONLY 90 CHILDREN MAY ATTEND. THEREFORE PLEASE FORWARD YOUR COMPLETED FORM TO SEAGATE CHURCH A.S.A.P. TO BE SURE OF A SPACE)

MORE INFORMATION CONTACT HEATHER WOODS ON **07855276060** OR  
**HOLIDAYCLUB@SEAGATECHURCH.ORG.UK**