

3-DAY CLUB CONSENT FORMS 2023

Please fill in this form to register your child. Please use a separate form for each child. Thank you.

CHILD FULL NAME: _____ D.O.B: ____/____/____

ADDRESS: _____

POSTCODE: _____

1st EMERGENCY CONTACT

NAME/RELATIONSHIP TO CHILD: _____ CONTACT NUMBER: _____

2nd EMERGENCY CONTACT: _____

ANY KNOWN ALLERGIES OR CONDITIONS: _____

I CONFIRM THAT THE ABOVE DETAILS ARE COMPLETE & CORRECT TO THE BEST OF MY KNOWLEDGE.

In the unlikely event of illness or accident, I give permission for any appropriate first aid to be given by the nominated first aider. In an emergency, and if I cannot be contacted, I am willing for my child to be given hospital treatment. I understand that every effort will be made to contact me as soon as possible.

I GIVE PERMISSION FOR MY CHILD'S & MY DETAILS TO BE ENTERED ON THE CHURCH DATABASE. I GIVE PERMISSION TO BE CONTACTED WITH INFORMATION REGARDING CHILDREN'S & YOUTH PROGRAMMES RUN BY FIRST NEWRY (SANDYS STREET) PRESBYTERIAN CHURCH:

(Please circle preferred option)

YES / NO

I GIVE PERMISSION FOR PHOTOS FOR SOCIAL MEDIA USE:

(Please circle preferred option)

YES / NO

SIGNATURE OF PARENT/GUARDIAN: _____ DATE: ____/____/____

Bring your consent forms on the first day or send them in advance to: sandysstreetpc@gmail.com

For any further information contact Andrew: 07871077633