

Brunswick Parish Church
Space Academy Registration and Consent Form
Dates: Thursday 23rd July – Saturday 25th July, 2 – 4pm



Permission of Photographs:

I give permission for
 My child's photograph to be taken
 My child's photograph to be displayed
 My child's photograph to appear on church website / Facebook

NB: the child's name will not appear on the website or any publication.

Child's Full Name :

Boy

Girl

Address

Postcode

Date of birth:

School:

Please register my child for Space Academy.

I confirm that the above details are complete and 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, including anaesthetic if necessary. I understand that every effort will be made to contact me as soon as possible.

Parent / guardian's Signature _____

Parent / Guardian's name _____

Emergency Contact

1) Name / Number:

2) Name/ Number

Contact Detail for the Parent / Guardian

Address (If different from the child)

Postcode

GP's name

Ways to Contact you before the holiday club. Please put priority order, too.

GP's phone number:

Telephone :

Mobile :

Email :

Other :

Any Known Allergies / Medical concerns / Special Needs