

Child's Name:

Groups likely to be attended this year (*tick all that apply*):

Crèche	Mountaineers	Sorted	Massif
Scramblers	Explorers	TGIF	
Climbers	Pathfinders	Connexions	

Personal details:

Address:		School attended:	
Post code:			
Tel:		School year:	
Parent/carer Mobile:		Date of birth:	
Parent/carer E-mail:			
Names of parents/carers:			
Does your child have a medical diagnosis of which we should be aware?			
Does your child have any specific medical/dietary needs?			
Name, address and telephone number of your doctor:			
Do you have any particular tips for us in working with your child? <i>eg best ways to engage them or to avoid them becoming distressed</i>			

Consents:

<p><b>Use of photos / video</b> From time to time we may take photos / videos of group activities to be displayed in the church buildings, church publications or the church website.</p> <p>Please tick the box if you <b>do not</b> wish your child to be included in these photos / videos. <input type="checkbox"/></p>	<p><b>Emergency Treatment</b> I give my consent to any necessary medical or dental treatment (including an anesthetic) that may be necessary in event of an emergency and/or if I am not contactable. I also give my consent for trained staff to administer first aid.</p> <p>Please tick the box <b>to give</b> your consent. <input type="checkbox"/></p>
Signature:	Date: