



**Registration/Permission Form
Regular Church Groups/Clubs**

Confidential

This form is for registering children for regular Church groups or clubs.

Name of Congregation

Name of Church group

Child's name
Address
Date of Birth
Parent/Guardian contact tel. no.
Emergency Contact name and tel.no.
Doctor's name and tel.no.
Allergies, conditions, medication or dietary needs

Group Venue	To be completed by the organiser
Days and Times	

I give my consent for my child to attend the group described above.

In case of emergency, and if I cannot be contacted, I am willing for my child to receive hospital treatment if required, including anaesthetic.

I understand that every effort will be made to contact me as soon as possible.

Signed..... Parent/Guardian*
*delete as appropriate

Print Name Date