

LANDLUBBERS REGISTRATION FORM (please use a separate form for each child)

Landlubbers will take place at **Holyhead Road United Reformed Church** from
Monday 24th August to Thursday 27th August

Time - **10:00am -12.30pm**

Please fill in this form to book a place for your child

Child's full name		Sex: M / F
Date of birth	School	
Please register my child for Landlubbers Parent's/Guardian's signature		
Parent's/Guardian's full name		
Address		
Phone number		
I give my permission for my details to be entered on the church database. Yes/No		
'I give my permission for my child to be included in photographs for Holyhead Road United Reformed Church publicity purposes'? Yes/ NO		

LANDLUBBERS CONSENT FORM (please use a separate form for each child)

Child's full name	Date of birth
Address	
Emergency contact name	Phone number
GP's name	GP's phone number
Any known allergies or conditions	
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 necessary medical treatment to be given by the nominated first-aider. In an emergency and if I cannot be contacted, I am willing for my child to receive hospital treatment, including anaesthetic if necessary. I understand that every effort will be made to contact me as soon as possible.	
Parent's/Guardian's signature	Date