



## REGISTRATION FORM

Kingdom of the Son Children's Holiday Club  
28-31 July 2009  
for all primary school age children

to be held at Carmondean Church, Fells Rigg, Livingston  
10.00am - 12.30pm each day  
\*50p per child per day

(NB only one form per child, please make copies for other children)

Child's Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Boy / Girl                      School: \_\_\_\_\_

Parent/Guardian sign: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

I give permission for my details to be entered on the church database:  
yes / no

Please return these completed forms as soon as possible to:

Kingdom of the Son  
13 Eastcroft Court  
Livingston, EH54 7ET

## CONSENT FORM

Kingdom of the Son Children's Holiday Club



If you would like your child to participate in this event, please complete, sign and return the following statement of consent and release of liability. As a parent or legal guardian, you remain fully responsible for the actions and conduct of your child, including any legal responsibility which may result.

We would like to take photographs /make a video recording of Kingdom of the Son Children's Holiday Club and these may include your child/ren. We would like to send the children home with photos of themselves at the Holiday Club. Pictures of the Holiday Club may appear in the church's printed publications, on our website, or both but without any reference to names. We seek your permission to do so and will take all steps to ensure that any pictures taken will be used by the church solely for these purposes.

Emergency Contact Name: \_\_\_\_\_

Tel: \_\_\_\_\_

GP's name: \_\_\_\_\_

Any allergies or known 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 my permission for any necessary medical treatment to be given by our 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 / Guardian's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

