

THE GOLD FACTOR

Booking / Registration Form

Please fill in this form to book/register your child. Please complete a separate form for each child.

General Information

Child's Full Name	
Gender	
Date of Birth	
Age	
Parent/Guardian's Full Name	
Address	
Contact Number	

Medical Information

GP Name	
GP Contact Number	
Any known allergies or medical conditions	

Emergency Contact Information

Emergency Contact Name	
Relationship to Child	
Contact Number/s	

I confirm that the above details are correct to the best of my knowledge. In the unlikely event of illness or accident I give permission for appropriate emergency first aid to be administered by a nominated first aider. In an emergency, and if I cannot be contacted, I am willing for my child to be given hospital treatment if necessary. I understand that every effort will be made to contact me as soon as possible.

I give/do not give permission for photos and video footage to be taken of my child during The Gold Factor holiday club 2012.

I acknowledge that they will be used for church purposes including church bulletin and press release.

Parent/Guardian Signature		Date	
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