



SIGN UP FORM

SIGN UP NOW VIA OUR WEBSITE OR USING THE FORM BELOW

PLEASE COMPLETE THIS FORM IN BLOCK CAPITALS

CHILD'S NAME

HOME ADDRESS

CHILD'S D.O.B.

MEDICAL CONDITIONS/ALLERGIES

DOES THE ABOVE NAMED CHILD SUFFER FROM ANY ALLERGIES/
ANY MEDICAL CONDITIONS REQUIRING MEDICAL TREATMENT
INCLUDING MEDICATION/ANY SPECIAL DIETARY REQUIREMENTS
OR OTHER ADDITIONAL NEEDS?

PLEASE ENSURE THAT YOUR CHILD HAS ANY
MEDICATION THEY REQUIRE WITH THEM AND
THAT A LEADER IS AWARE OF THIS.

EMERGENCY CONTACT 1

ADULT'S NAME

MOBILE

EMAIL

EMERGENCY CONTACT 2

ADULT'S NAME

CONTACT NUMBER

- I WILL INFORM THE GROUP LEADERS OF ANY CHANGES TO THE INFORMATION GIVEN ABOVE.
- I AGREE TO THE ABOVE NAMED CHILD RECEIVING ANY FIRST AID OR EMERGENCY TREATMENT AS CONSIDERED NECESSARY BY THE MEDICAL AUTHORITIES.
- INSURANCE COVER - I UNDERSTAND THAT THE ACTIVITY IS INSURED IN RESPECT OF LEGAL LIABILITIES (THIRD PARTY LIABILITY) BUT THAT PERSONAL ACCIDENT COVER WILL NOT BE PROVIDED.

NAME

SIGNATURE

DATE

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PLEASE TICK IF YOU WOULD LIKE TO BE KEPT IN TOUCH WITH OTHER CHRIST CHURCH LOUGHBOROUGH NEWS OR EVENTS.

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WE WILL BE MAKING A SHORT VIDEO OF THE WEEK TO SHOW AT OUR PRIZE GIVING SERVICE. PLEASE TICK THIS BOX IF YOU GIVE CONSENT FOR YOUR CHILD TO BE INCLUDED IN THIS.

THIS DATA IS NEEDED FOR US TO RUN THE BIBLE CLUB AND WILL BE HANDLED IN ACCORDANCE
WITH OUR PRIVACY POLICY WHICH CAN BE FOUND ON OUR WEBSITE.