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| Image result for space academy holiday club  **Feel free to invite your friends!**  \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*  We will only contact you if your child/ren does not have a place. Otherwise we look forward to seeing your child/ren on Monday 13th.  If, after booking, your child/ren can no longer attend, please tel. 710741 HOLIDAY CLUB **REGISTRATION FORM**    **Holiday Club**  **Camborne Wesley Methodist Church,**  **Mon 13th to Fri 17th Aug 2018**  5-11 yr olds - 10am to 1pm.  *For more details – please see flier*  **Please Note** Children are expected to bring a packed lunch, no other option will be available  Please return the completed form to  **Wesley Chapel, Chapel Street, Camborne. TR14 8EG** (just up from the Post Office)  **ASAP – as numbers are limited** | | | |
| Child/ren’s full name | | | Sex: **M / F**  **I’d rather not say** |
| Date of birth | Telephone Number | School | |
| Address | | | |
| Emergency Contact Name Phone Number | | | |
| Second Emergency Contact Name Phone Number | | | |
| GP’s Name 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/ren to receive hospital treatment, including anaesthetic if necessary. I understand that every effort will be made to contact me as soon as possible.  Signature of parent/guardian: Date:  I give permission for my child/ren’s and my details to be entered on the church database. **Yes / No**  (so that any relevant information of future activities may be posted to you or e-mailed).  My e-mail address is  I give permission for my child/ren to be photographed. **Yes / No** | | | |