



ELGIN BAPTIST CHURCH HOLIDAY CLUB

DATE: 2<sup>nd</sup> August – 6<sup>th</sup> August      TIME: 10:30am – 12:30pm      AGES: Primary 1 – 7

VENUE: Seafield Primary School Deanshaugh Terrace Elgin

Full name of child: \_\_\_\_\_

Date of birth: \_\_\_ / \_\_\_ / \_\_\_      Primary: \_\_\_\_\_ (as of August 2010)

Address:

Details of any regular medication, medical problem (e.g. asthma, epilepsy) or disability which may affect normal activity:

Details of any allergies: \_\_\_\_\_

Parent/Guardian's full name:

Address:

Telephone number: \_\_\_\_\_      Work/Mobile: \_\_\_\_\_

Will your child be picked up each day      YES/NO

May we use your child's image in any printed publication      YES/NO

May we use your child's image on our website      YES/NO

Please note that websites can be seen throughout the world, and not just in the United Kingdom, where UK law applies.

I give my permission for \_\_\_\_\_ to take part in the activities of the holiday club and I give my consent to any medical treatment that may be necessary in event of an emergency.

Signed: \_\_\_\_\_      Date: \_\_\_ / \_\_\_ / \_\_\_ /  
(parent/or adult with parental responsibility)