



REGISTRATION FORM

SORRY, BUT THIS MUST BE FILLED IN FOR LEGAL PURPOSES

NAME: _____

D.O.B: _____

ADDRESS: _____

I give permission for the above to attend
Grove Baptist Holiday Bible Club

SIGNED: _____

RELATION TO CHILD: _____

Please supply details of any medical conditions (e.g. Asthma,
Epilepsy, Allergies etc.) that may be affected by this activity:

*DELETE as appropriate

I do / do not give permission for emergency treatment
in case of an accident.

I do / do not give permission for my child to walk
home on their own

EMERGENCY TELEPHONE NO: _____

Thankyou