

SHOWSTOPPERS REGISTRATION FORM

Juniper Green Parish Church

August 10th – 14th

Child's full name

Sex: M/F

Date of Birth

School

Please register my child for *Showstoppers*

Parent's/Guardian's signature

Parent's/Guardian's full name

Address

Phone number

These details will be stored on a database for Church use only. They will be stored under the terms of the Data Protection Act.

SHOWSTOPPERS CONSENT FORM

(please use a separate form for each child)

Child's full name

Date of Birth

Address

Emergency Contact name

Phone number

GP's name

GP's 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 my 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 to receive hospital treatment. I understand that every effort will be made to contact me as soon as possible.

Photographs: I am willing for my child to be photographed at *Showstoppers* on the understanding that any and all photos taken are for internal Church use only.

Parent's/Guardian's signature

Date