ROCKY'S PLAICE REGISTRATION FORM

Juniper Green Parish Church August 9th -13th

Child's full name Sex: M/F
Date of Birth School
Please register my child for *Rocky's Plaice*
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.

ROCKY'S PLAICE 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 *Rocky's Plaice* on the understanding that any and all photos taken are for internal Church use only.

Parent's/Guardian's signature Date