



**2010 Holiday Club Registration Form
Monday 9th – Friday 13th August**

Name of child	Date of birth	School Year

Contact name, address, home / mobile phone number of Parent / Guardian.

Name and address of GP.

Details of any medical conditions etc, we need to know about

Please sign below if you consent to your child(ren) being given First Aid / Emergency treatment if required.

Signature of Parent/ Guardian	Date

Please sign below if you consent to your child(ren) being photographed during the weeks activities.

Signature of Parent/ Guardian	Date