

**St Thomas' Church**



*Together, we are sharing God's Love*

FOR OFFICIAL USE ONLY

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Returned on ...../...../.....

Checked by .....

**Summer Primary Holiday Club Registration & Parental Consent Form**

THIS FORM WILL BE KEPT IN A FOLDER AND INFORMATION STORED ON COMPUTER SOLELY FOR USE OF ST. THOMAS' CHURCH

Full name of young person .....

Date of Birth ...../...../..... Contact telephone number of young person.....

Address.....Postcode.....

**Please sign your name and complete all requested information**, as the **parent/guardian**, giving permission for your son/daughter to attend. All activities take place at St. Thomas' Parish Centre, 135 Counce Street or designated venues. Activities are open to boys & girls aged 11 – 18.

**Fee:** No fee

**Time:** (Week One) Monday – 13 August, Wednesday – 15 August, Friday 17 August

(Week Two) Monday – 20 August, Wednesday – 22 August, Friday 14 August

(Week Three) Monday – 27 August, Wednesday 29 August and Friday – 31 August 2012.

**Activity/Venues:**

**Week One**

Climbing Wall (Parish Centre)  
Street Dancing (Parish Centre)

**Week Two**

Street Dancing (Parish Centre)  
Fire Department Visit  
Cinema Trip

**Week Three**

Tower Circus/Jungle Jims  
Ten Pin Bowling

The Primary Holiday Club will run for three weeks (Mondays, Wednesdays & Fridays) starting promptly at 10am and ending at 12 noon unless on a trip. Each session will be properly supervised by adult leaders. The program coordinator reserves the right to expel or ban any participant from the Club for disruptive behaviour.

**COLLECTION DETAILS**

The safety of the young people in our care is of paramount importance, but once outside the church complex St. Thomas' cannot be held responsible for your son/daughter. Parents are asked to accompany their children on any trips. Do you intend to collect your son/daughter at the end of each Club session? **(Please tick)**

YES  NO

**MEDICAL DETAILS**

Name of GP ..... Telephone no.....

Address of GP's Surgery .....

NHS No ..... Date of last anti-tetanus injection ...../...../.....

Please provide details of any regular medication, medical problems (e.g. asthma, epilepsy, diabetes, allergies, dietary needs, etc.) or disability, which may affect normal activity *(write extra information on reverse of this sheet)*

**CONTACT DETAILS**

Name of parent(s)/carer(s) .....

General contact telephone no .....

Emergency contact telephone no .....

(During which time you can be contacted whilst your son/daughter is attending the Summer Holiday Youth Club at St. Thomas')

**STATEMENT OF PERMISSION**

I give permission for (child's name)..... to take part in the designated activities listed above. I understand that while involved he/she will be under the control and care of the group leader and volunteers approved by the church and that, while the staff in charge of the group will take all reasonable care of the children, they cannot necessarily be held responsible for any loss, damage or injury suffered by my child during, or as a result of the activity.

**In an emergency and/or if I am not contactable, I am willing for my child to receive doctor/hospital or dental treatment including an anaesthetic (Please tick)**  YES  NO

**SIGNED** (by parent/or adult with parental responsibility) .....