

Shine Holiday Club 2011 Registration Form

Name of Child..... **Date of Birth**.....

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Name of Emergency Contact**Phone Number**.....

Do any of your children have any allergies/medical conditions: (Provide Information)

In the unlikely event of illness or accident, I give permission for any appropriate first aid to be given by the nominated first-aider. In an emergency, and if I cannot be contacted, I am willing for my child to be given hospital treatment, including anaesthetic if necessary. I understand that every effort will be made to contact me as soon as possible. **Yes/No**

Do you give your permission for us to take video and photographs of your children? **Yes/No**

Would you like to be added to our database to be kept informed of future activities? (Provide Address Below)

Signature of parent/guardian..... Date.....