

## Registration form

The Big Splash is a fun filled Easter Holiday Club for children in years 1-6. Three days jam packed with games, crafts, drama, music, great Bible teaching and much more. Come and be part of The Big Splash Adventure!

| Name:                  |                |      |
|------------------------|----------------|------|
| Date of Birth:         |                |      |
| School:                |                |      |
| Names of Parent/Guar   | rdian:         |      |
| Address:               |                |      |
|                        |                |      |
| Contact Numbers:       | 1              |      |
|                        | 2              |      |
| Name of a friend at Fa | ster Holiday C | lub: |

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|--------|----------|----------|-----------|
|        |          |          |           |

| I confirm that all the above det<br>knowledge.                      | ails are complete and correct to the best of my                                                                                                                                                                               |
|---------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| aid to be given by the nominate<br>and if I cannot be contacted I a | or accident, I give permission for any appropriate first<br>ed First Aider at the Holiday Club. In an emergency,<br>m willing for my child to be given hospital treatment.<br>will be made to contact me as soon as possible. |
| Club, some of which may conta                                       | are that we will be taking photographs of the Holiday<br>iin your child. If this is a problem, please email<br>uk or call 01442 875 025 for further information.                                                              |
| Sizza de                                                            | Dates                                                                                                                                                                                                                         |

Please give details of any allergies, medical conditions and prescribed medication: