

'BY THE BEACH'

APPLICATION FORM

Please complete ALL SECTIONS - all information supplied will be treated with complete confidence.

Full name: Date of birth:

Home Address:

..... Postcode:

Telephone.....

Parent/Guardian Details

Name:

Address (if different from child):

Postcode: Tel: Home: Mobile:

Email Address:

Emergency contact for the holiday dates – if different to above

Name:

Tel: Home: Mobile:

Family Doctor

Name: Surgery:

Tel. No:

Medical and dietary information

Please give details of any medical conditions affecting your child, any medication they must take or have available to take, any allergies they may have, or any disabilities, or any special dietary requirements (*continue over if necessary*):

NB Please send medication in a separate plastic bag

I give permission for my child to join in all activities during the weekend Yes/No*

I give permission for First Aid to be administered if necessary Yes/No*

I give permission for sticking plasters to be used if necessary Yes/No*

I give permission for photographs/video to be taken for use of the church Yes/No*

If no, please explain:

* Delete as appropriate

Signed: Date