

'GAME CHANGERS'

Registration and Consent Form - Sheldon Road Church

Wednesday; in term time 6.00pm—7.00pm

Child's full name:

What does your child like to be called?

Parent's Email Address:

Parent's Postal Address:

Parent's Phone Number:

Child's Date of Birth:

Child's Gender:

School Year Group (Sept 2024):

Emergency Contact Name & Phone Number:

GP's Name & Phone number:

Any known allergies or conditions?

I would like to be kept informed of any future children's events.

To change your preference, contact trevor@synergytrust.org.uk

I confirm that the above details are complete and correct to the best of my knowledge. In the unlikely event of illness or accident, I give permission for any necessary medical treatment to be given by the nominated first-aider. In an emergency, and if I cannot be contacted, I am willing for my child to receive hospital treatment, including anaesthetic if necessary. I understand every effort will be made to contact me as soon as possible.

Signature

Date

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