

# 9.45 am Sunday Club

@ St Andrew's Leyland

## REGISTRATION FORM 2015-2016

### 1. Details of Club

During 9.45 am Service in the church hall

### 2. Details of Child

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

School Attended: \_\_\_\_\_

School year from September 2015: \_\_\_\_\_

### 3. Contact details

Name and address of Parent/Carer: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I can be contacted on the following numbers:

Home: \_\_\_\_\_ Mobile: \_\_\_\_\_

Alternative contact name and number: \_\_\_\_\_

\_\_\_\_\_

### 4. Medical information

Family Doctor (name, address and number): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Does your child suffer from any of the following conditions? (please circle where appropriate)

|                       |        |              |        |
|-----------------------|--------|--------------|--------|
| Asthma                | yes/no | Bronchitis   | yes/no |
| Chest problems        | yes/no | Diabetes     | yes/no |
| Epilepsy              | yes/no | Fainting     | yes/no |
| Heart Trouble         | yes/no | Migraine     | yes/no |
| Raised blood pressure | yes/no | Tuberculosis | yes/no |

If **yes** to any of the conditions please provide details: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**5. Does your child have any special needs (dietary or learning etc)?** yes/no

If **yes**, please give details: \_\_\_\_\_

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Please tick here if your child has any learning disabilities and would benefit from our '**Buddy**' system (121 help and guidance during the Club sessions with a specific leader) or if you'd like more information about it.

**6. Insurance cover**

I understand that Sunday Club is insured in respect of legal liabilities (third party liability) but that my child has no personal accident cover unless I have been specifically advised of this in writing by the organiser of Sunday Club. I also understand that any extension of insurance cover is my responsibility.

**7. Photography**

As part of Sunday Club we may take photographs and video footage of the various activities and events. These will only be used for 'in-house' displays, DVDs, website and literature.

Please tick this box if you do **NOT** give consent for your child to be photographed.

**8. Future Contact**

If you would like to receive more information about events taking place at St Andrew's Church please provide an email address if available and tick this box.            Email address \_\_\_\_\_

**9. Declaration**

- I agree to my son/daughter/ward taking part in the above stated Sunday Club and agree to his/her participation in any of the regular activities. I acknowledge the need for good conduct and responsible behaviour on his/her part.
- I have noted when and where the Sunday Club takes place and I understand that I am responsible for getting my child to and from that place safely.
- I am aware of the levels of insurance cover.

**Signature of parent/carers:** \_\_\_\_\_ **Date** \_\_\_\_\_