



# Fisherwick P.C.

## HOLIDAY BIBLE CLUB

Please return to [office@fisherwick.net](mailto:office@fisherwick.net) or  
Post to 4 Chlorine Gardens, Belfast, BT9  
5DJ

### Registration and Consent Form

Please use a separate form for each child and complete using BLOCK CAPITALS

Child's Name: \_\_\_\_\_ Male / Female (Circle)

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ School Year: \_\_\_\_\_

Parent/Carer's name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Postcode: \_\_\_\_\_ Phone no: \_\_\_\_\_

Mobile no: \_\_\_\_\_

Email address: \_\_\_\_\_

### Emergency contact names and phone numbers (if parent/carer above not available)

Name 1: \_\_\_\_\_ Phone no: \_\_\_\_\_

Name 2: \_\_\_\_\_ Phone no: \_\_\_\_\_

Name and address of GP: \_\_\_\_\_ Phone no. \_\_\_\_\_  
\_\_\_\_\_

Please indicate any allergies, medical conditions or anything else we should know: \_\_\_\_\_  
\_\_\_\_\_

I give permission for photographs and video to be taken within the club for use at the club and future events. **YES /NO**

I give permission for my child's name and details to be entered in the church database. **YES /NO**

How did you find out about the Fisherwick Holiday Bible Club? \_\_\_\_\_

**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 appropriate first aid to be given. 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.

Signature of Parent/Carer: \_\_\_\_\_

Date: \_\_\_\_\_