



## Registration Form

(Please complete both sides)

### Child's Information

Child's full name: ..... Date of Birth: .....

Home Address .....

.....

Tel: .....

### Parent's Information

1. Name of parent:.....

Address if different from above: .....

Home Tel: ..... Mob:.....

Email:.....

2. Name of parent:.....

Address if different from above: .....

Home Tel: ..... Mob.....

Email:.....

Alternative emergency contact (*please include name and a contact tel no*):

1. ....Relationship.....

### Medical Information

Child's doctor: ..... Tel: .....

Doctor's address: .....

Any known allergies, medication needed: .....

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Dietary requirements: .....

.....

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## Permissions

I give permission for my child's photo to be taken at Epic Explorers, and used on the church website and displays. I understand that children will not be identified in any such pictures.

In the event that my child requires immediate medical treatment up to and including surgery before I am able to get to the Hospital, I hereby authorise the Leader in charge to seek emergency treatment on my behalf.

Signed: ..... Date: .....

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