

# Registration Form

(Please complete one form per child. Please use **BLOCK CAPITALS**)

**To book your child's place at this month's X:site please complete this form and return it ASAP. When you arrive, please ensure you are given a collection card for your child and take him/ her to his/ her group (please help us to keep them safe)**

## CHILD'S DETAILS

Child's name: \_\_\_\_\_ Boy / Girl (please delete one) \_\_\_\_\_

One friend your child wishes to be in a group with: \_\_\_\_\_

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

Postcode: \_\_\_\_\_

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

In emergency use home / mobile / Another contact if no reply?(please circle) \_\_\_\_\_

Contact email address (we may use this to inform you of future X:site events): \_\_\_\_\_

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

School year: \_\_\_\_\_ Child's date of birth: \_\_\_\_\_

Church/School Christian Club your child attends if any: \_\_\_\_\_

## HEALTH

Are there any special health details we should be aware of? (for example allergies, asthma, special needs):

\_\_\_\_\_

What is the name and telephone number of your child's doctor? \_\_\_\_\_

## COST

X:site costs £ \_\_\_\_\_ per child. If this is a problem ask for a grant, otherwise please enclose the fee with this form. I enclose £ \_\_\_\_\_ (please make cheques payable to "Scripture Union")

Please tick if you would like to receive a grant covering the cost of the event  (please telephone or indicate your circumstances below)

## DECLARATION

Name of parent/carer: \_\_\_\_\_

I declare that I am the person with parental responsibility for the child named in this form. I understand the information provided in this form will be used by the X:site team to help them in fulfilling their roles in looking after my child in their care. I give permission for my child to attend X:site and to take part in all its activities.

In the unlikely event of an accident I give my permission for any necessary medical treatment to be given by the nominated first aider. In an emergency and if I am not contactable, I am willing for my child to receive hospital treatment including an anaesthetic (I understand that X:site will always try and contact me in the first instance).

I also understand that photographs may be taken at the event by team members or other staff and volunteers of Scripture Union. I understand that these may be used internally, in promotional material or on the X:site web site. I understand that these photographs will not normally be of individual children but will be trying to get a taste of the event and activities.

Signed: \_\_\_\_\_ (Parent/ carer) Date: \_\_\_\_\_

We would like to keep in touch with you about other aspects of Scripture Union's ministry. If you would prefer not to receive this, please tick the box

**Please return this form to: X:site Registrations, 97 Monica Road, Small Heath, Birmingham, B10 9TH Telephone: 07717 079 719**

Places for X:site will be in high demand. To guarantee your child's place, please return it as soon as possible, but in any event by the Wednesday before the event. (Bookings can be made on the day but on a first come, first served basis).

Scripture Union is a missionary movement working in over 130 countries to make Jesus known and to help people to meet God daily through the Bible and prayer.

[www.scriptureunion.org.uk](http://www.scriptureunion.org.uk)