



www.xsiteuk.org

Annual Registration Form Sep 2010

Please complete one form per child in **BLOCK CAPITALS**
(email registration will resume for November event onwards)

To ensure your child's place at X:SITE please complete this form and return it ASAP by post.

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 in full _____

Postcode: _____

Home telephone: _____ Mobile: _____

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

Contact email address: _____

School: _____

School year: _____ Child's date of birth: _____

Church/School Christian Club your child attends if any: _____

HEALTH

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

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

COST

X:site costs **£3.00** per child. If this is a problem ask for a grant, otherwise please enclose the fee with this form for your first event and then bring the amount when you arrive for each subsequent one.

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

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, 32 Woolacombe Lodge Rd, Selly Oak, Birmingham B29 6PX Telephone: 07717 079 710 or 0121 472 6557

To help us in planning, save long queues on the night and guarantee your child is with their friends, please return the form as soon as possible. (Bookings can be made on the day from 5.30 pm).

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

