



Registration Form 2017-18

Please complete one form per child in **BLOCK CAPITALS**

To book your child's place at X:site please complete this form and return it ASAP.

CHILD'S DETAILS

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

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

Address: _____

Home telephone: _____ Postcode: _____
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 £2 per for each Saturday event 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)

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, on social media or on online to promote the work of X:site and Scripture Union. We will never name a child in a photo without explicit parental consent.

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 Keighley, 283 Bradford Road, Riddlesden, BD20 5LD
Telephone: 07963147404**

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