

# **SHOWSTOPPERS HOLIDAY CLUB**

**11-13 APRIL 10 AM – 12 NOON**

PLEASE FILL IN THIS FORM TO BOOK A PLACE FOR YOUR CHILD. PLEASE USE A SEPARATE FORM FOR EACH CHILD.

Venue: Park Church Anderson Hall

Dates required (circle / delete): Tuesday 11 April, Wednesday 12 April, Thursday 13 April

Child's full name:

Sex: Male/Female

Age:

School Class:

Parent / Guardian's full name:

Parent / Guardian's email address:

Address:

Phone Number:

Please let us know of any dietary / other special requirements your child has:

I give permission for my child's and my details to be entered into the church database for future similar events invitations from Stirling Kirks Together. Data will NOT be passed on to any third party and will comply with data protection. Yes / No

I give permission for my child's photograph to be taken during the event. (The photographs will be used for church purposes only, to promote this event and for further Holiday Club meetings within Stirling Kirks Together, within church magazines and press releases) Yes / No

Emergency Contact Name and Phone Number during event:

GP's Name and Phone Number:

Please register my child for SHOWSTOPPERS. 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 any appropriate first aid to be given by the nominated first-aider. 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 / Guardian:

Date: