

1 Child's details Please use BLOCK CAPITALS when filling out this form	Registration code
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Childs surname:	Age:	years:	months:
First name:	Date of birth:		
Name child is known by:	Gender:	Boy <input type="checkbox"/>	Girl <input type="checkbox"/>

2 Resort accommodation	3 Home address
Chalet/Caravan number:	Home address:
Block/Row number: Village name:	
Mobile tel no*:	Postcode:
* Please ensure that the phone is switched on and set to 'silent' or 'vibrate' when you are in a seminar/meeting.	Home tel no: Email address:

4 Are you here as.....
A day visitor? <input type="checkbox"/> Yes <input type="checkbox"/> No Part of a church group? <input type="checkbox"/> Yes <input type="checkbox"/> No A lone parent? <input type="checkbox"/> Yes <input type="checkbox"/> No

5 Emergency contact (off-site)	6 GP details
Name, address & telephone no:	Name, address & telephone no:

7 Medical and other needs
Is there anything else we should know? (allergies to nuts, anti-bacterial wipes/gel; special needs; health problems; educational; language; cultural or religious considerations etc.)
Does your child have asthma? <input type="checkbox"/> Yes <input type="checkbox"/> No
Will your child need to have medication administered during the programme? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please ensure you speak to your child's Programme Leader/Special Needs Coordinator.

8 Collection Permission
Please tick the appropriate box to indicate whether:
<input type="checkbox"/> My child is to remain in the venue until collected by an adult on production of a collection card.
<input type="checkbox"/> My child is allowed to leave the venue unaccompanied after the morning session, but will be collected after the evening session.
<input type="checkbox"/> My child is allowed to leave the venue unaccompanied after each session.
Please make sure your child knows whether they will be collected or allowed to leave on their own.
Changes in collection permission. Details: Signature: _____ Date: _____

9 Declaration		
I give permission for my child to be taken on short outings on resort or to the beach. I understand that this may include Butlins' rides or other play area facilities (under proper supervision). I declare that I am the person with parental responsibility for the child named in this form. I understand that the information on this form will be used by Spring Harvest staff to help fulfil their roles in looking after this child whilst in their care. I understand my child will be allowed to leave the programme unaccompanied only if I have given permission to do so as indicated in Section 8. Otherwise I declare that Spring Harvest staff are allowed to hand over the named child to the holder of the Child Collection Ticket, or to either of the persons named in this form as having parental responsibility (on production of proof of identity) if the Child Collection Ticket cannot be produced. If there is any doubt whatsoever, even on the production of the Ticket as to the authority of any person attending to collect the child, then Spring Harvest are authorised to retain the child in their care until they are satisfied as to the authority of the person so attending. I am aware that video clips may be used during the programme up to and including a PG certificate, and that photographs and video clips may be taken for use within the venue for staff training purposes and for Spring Harvest promotional material. In the unlikely event of an accident I give my permission for any necessary medical advice or treatment to be given by the nominated first aider. In an emergency and if I am not contactable, I am willing for my son/daughter to receive hospital treatment including an anaesthetic (I understand that Spring Harvest will always try to contact me in the first instance).		
Name	Signature	Date
Relationship to child Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Other <input type="checkbox"/>		
Name	Signature	Date
Relationship to child Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Other <input type="checkbox"/>		

