



Registration Form

Child's Full Name:		Date of Birth:	
Home Address:			
Name of Parent/ Guardian:	Tel No:	Mobile No:	
Please inform us of any allergies/ special dietary requirements that the child has.			
Name of Emergency Contact:	Tel No:	Mobile No:	
In the unlikely event of an accident, do you give permission for your child to receive first aid from the nominated first aider? In the event of an emergency, do you give permission for your child to receive hospital treatment including anaesthetic?	<p style="text-align: center;">Yes / No</p> <p style="text-align: center;">Yes / No</p>		
We would like to take photos and/or video recordings during this event, such images would only be used strictly for Highway publicity purposes, and may appear in our printed publications and/or on our website. Any images used will not have names of children displayed			
May we use your child's image in our printed promotional publications?			Yes / No
May we use your child's image on our website?			Yes / No
Parent/Guardian Signature:		Date:	
Please Print Name:			
PLEASE NOTE: Only those with <u>parental responsibility</u> can sign the consent.			
<p>Highway Christian Church Gubbins Hole Farm, Marsh Gibbon, Bicester, Oxon OX27 0AN Tel. No.: 01296 771029 E-mail: admin@highway.org.uk www.highway.org.uk A Company Limited by Guarantee Registered in England and Wales Registered Number 5441520 Registered Charity Number 1109804</p>			
			