

Word Alive 2019 Child Registration Form for 5-7s



INSTRUCTIONS

Please fill in both sides/pages of this form in BLOCK CAPITALS and bring it along to the venue shown in the programme. Filling in the form beforehand will help speed up registration.

1. CHILD'S DETAILS

Child's Surname:	Child's First Name:		
Name Child is known by:	Gender:		
Is it their birthday during Word Alive?	Yes	No	School Year:
Date of Birth:	Age	Years:	Months:

2. HOLIDAY ACCOMMODATION/CONTACT DETAILS

Parent's Name(s):		
Your Accommodation (circle one):	I am staying on site	I am staying off site
Mobile Phone:	Please make sure that your phone is on and set to silent during our programme.	
Additional Mobile:		

3. GP DETAILS

Doctor's Name:	Telephone Number:
Surgery Address:	

4. EMERGENCY OFF SITE CONTACT

Name:	Telephone Number:
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5. ADDITIONAL NEEDS

In the 5-7's programme, the children are placed in teams of around 25 children with 2 adults. Please inform us of anything that may affect their enjoyment of their time with us (e.g. allergies, health problems, special needs, educational needs, language needs, cultural or religious needs). The more information you give us, the better we can prepare our team to care for your child.

Has your child/family struggled with any emotional issue in the last year (e.g. bereavement, family breakdown, bullying, moving house)?

6. DECLARATION

I declare that I am the person with parental responsibility for the child named in this form. I understand that the information used in this form will be used by Word Alive staff to help them in fulfilling their roles in looking after this child whilst in their care. I further declare that Word Alive 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 Word Alive are authorised to retain the child in their care until they are satisfied as to the authority of the person so attending.

I give permission for my child to be taken on short outings within the resort. I understand that this may include rides or other play area facilities (under proper supervision).

Signed:

Date:

Word Alive captures video and photography content of activities at Word Alive for publicity purposes available publicly online at www.wordaliveevent.org, on social media (Facebook, Twitter and Instagram), and in print.

Do you consent to the filming and photographing of your child in accordance with the uses outlined above?

I consent.

I do not consent.

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 anesthetic (I understand that Word Alive team will always try to contact me in the first instance).

Signed:

Date:

7. COLLECTION

The named people collecting my child are:

Name:

Signature:

Relationship to Child:

Name:

Signature:

Relationship to Child: