



Giffnock : Park Church

J team Summer Mission Registration Form

Summer Mission Consent Form

GIFFNOCK: THE PARK CHURCH J Team HOLIDAY CLUB

Monday 17th July - Friday 21st July

Park Church: Ravenscliffe Drive: Giffnock (6.30 - 8.15pm)

To be filled by Parent or Guardian

Name and address of child or young person:

Emergency contact details:

Name:

Evening Telephone No.:

Alternative parental contact if you are unavailable:

Name:

Evening Telephone No.:

Name of GP:

GP's Telephone No:

Please advise us should there be any particular medical concerns we should be aware of

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Please give details of any medical conditions (e.g. asthma, epilepsy, diabetes, dietary needs) or disability that may be affected by this activity):

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Photographic Consent (Any photographs taken where appropriate would be used only for our Summer Mission Church Service on Sunday 23rd July. ***Photographs will not be used for website purposes***)

Yes

No



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Any Further Relevant Information

Please advise us of any further information you feel may be of importance to us:

Parental Consent:

- I have read the above information and I give permission for my child as named above to participate in this activity.
- In an emergency and/or I cannot be contacted, I am willing for my child to receive necessary hospital or dental treatment including an anaesthetic

Yes

No

Signature of parent or adult with parental responsibility for the child or young person:

Please return your form to the Park Church at Ravenscliffe Drive, Giffnock or scan and email to the church office at parkchurch@hotmail.co.uk