

Registration & Consent Form

PYRAMID ROCK

Please return this form to: Rev'd Rebecca Gilbert c/o Fordham
Vicarage, 24 Mildenhall Road, Fordham. (One form per child please)

Child's Full Name _____

Address _____

_____ Post code

Date of birth _____

Tel. No _____

Email _____

Emergency contact
no(s) _____

Doctor's name & Tel No _____

Are there any medical or dietary concerns (including food & skin
allergies) that we should know about your child? Please give any
relevant details _____

In the unlikely event of illness or accident, I give permission for
medical treatment to be given by the nominated first aider.

I confirm that the above details are correct to the best of my
knowledge.

Name of parent or carer

Signed _____

Date _____

(Parent or carer)

Photographs will be taken and placed on the church notice board or web site but no names will be recorded. If you
DO NOT want your child's image to be taken please tick this box