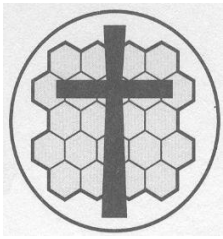


Registration Form



Holiday Club 8 – 12 July 2013

Child's Name: _____

Address: _____

Date of Birth: _____ Age: _____

Telephone: (H) _____ (W) _____ Cell: _____

Contact in case of Emergency: 1. _____ 2. _____

Special needs, including allergies & medication: _____

(all medication to be left with your child's leader, clearly labelled and explained.)

Medical Aid Scheme: _____ Number: _____

School: _____ Grade: _____

Church attended: _____

I hereby give permission for _____ (name of child) to take part in the activities at the Gotta Move Holiday Club at Honeyridge Baptist Church, and my consent that medical treatment or first aid may be administered in case of illness or accident.

Signed: _____ Date: _____

Print Name: _____

Drop completed form off at the church OR fax: 086 549 5310 OR email:

bronm@tiscali.co.za