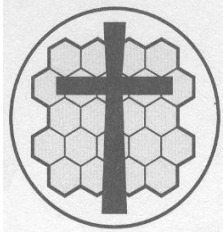


# Registration Form



Holiday Club  
14 - 18 July 2014



**Those who look to HIM are radiant.**

Psalm 34v5

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 *Shine!* 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:

[Bronwyn@honeyridge.co.za](mailto:Bronwyn@honeyridge.co.za)