Please return to church or email: adam.pullen@googlemail.com	Please return to church or email: adam.pullen@googlemail.com
WasteWatchers - Stranorlar group of parishes	WasteWatchers -Stranorlar group of parishes
REGISTRATION and CONSENT Form	REGISTRATION and CONSENT Form
Child's Full Name:	Child's Full Name:
Date of Birth: Age:	Date of Birth: Age:
Please register my child for Waste Watchers dates bellow	Please register my child for Waste Watchers dates bellow
30th 2-4pm 1st 2-4pm 2nd 10-12	30th 2-4pm 1st 2-4pm 2nd 10-12
Followed by Celebration Service at Midday Sunday 2nd	Followed by Celebration Service at Midday Sunday 2nd
Parent/Guardian signature	Parent/Guardian signature
and print name	and print name
Address:	Address:
Home Phone Mobile	Home Phone Mobile
Emergency Contact name:	Emergency Contact name:
Emergency Contact phone number GP's name & Surgery:	Emergency Contact phone number
	GP's name & Surgery:
Any known allergies or conditions:	Any known allergies or conditions:
Children will be given squash and a biscuit, and sweets may be given as prizes; if	Children will be given squash and a biscuit, and sweets may be given as prizes; if
there is any concern about this or other matters, please write the details.	there is any concern about this or other matters, please write the details.
I confirm that the above details are complete and correct to the best of my knowledge.	I confirm that the above details are complete and correct to the best of my knowledge
In the unlikely event of illness or accident I give permission for any necessary medical treatment to be given by the nominated first-aider/s. In an emergency and if I cannot	In the unlikely event of illness or accident I give permission for any necessary medica treatment to be given by the nominated first-aider/s. In an emergency and if I cannot
be contacted, I am willing for my child to receive hospital treatment, including	be contacted, I am willing for my child to receive hospital treatment, including
anaesthetic if necessary. I understand that every effort will be made to contact me as	anaesthetic if necessary. I understand that every effort will be made to contact me as
soon as possible.	soon as possible.
Parent/Guardian's signature Date	Parent/Guardian's signature Date
I give permission for my details to be entered on the Parish database. (Delete if not)	I give permission for my details to be entered on the Parish database. (Delete if not)
Photo Permission	Photo Permission
I give my permission for photos to be taken of the event to be included in publicity	I give my permission for photos to be taken of the event to be included in publicity
(not web page) Agree	(not web page) Agree
	Agree
Disagree Signature of child	Disagree
Oignature of office	Signature of child
Parents: When you come to collect your children they are then back in your care	Parents: When you come to collect your children they are then back in your care