

Child / Children Name(s) _____

Date of Birth _____

Parent / Guardian Name _____

Address _____

Phone _____

Mobile _____

Alternative Contact _____

I give permission for photographs and video to be taken within the club

for use at the club and future events. **YES /NO**

I give permission for my child to have juice and snacks. **YES /NO**

Note any special needs/medical/allergy/dietary requirements :-

I give permission for my child / children, as listed above, to participate in the activities of the following events:

Good News Club

Signed _____

Parent / Guardian