

<b>Youth Nights Registration Form</b>	
Venue:	Saintfield Parish Church Hall
Dates:	Wednesday 13 <sup>th</sup> – Friday 15 <sup>th</sup> August 2014
Time:	7.30 pm – 10 pm
Child's Full Name	
Gender	Male/Female
Date of Birth	
Age	
School & current class	
Parent/Guardian's Name	
Parent/Guardian's Address	
Parent/Guardian's Telephone number Home no: _____ Mobile no: _____  Alternative Emergency Contact Name: _____ Emergency Contact Number: _____ Relationship to Child: _____	
Doctor's Name	
Doctor's Telephone number	
Detail any medical conditions or allergies:	
Please register my child for <b>Youth Nights</b> and give permission for my child to participate in all activities. Parent/Guardian's Signature _____	
I give permission for my child's photograph to be taken during the Youth Nights. <b>Yes / No</b>	
In the event of an accident or illness I give permission for any appropriate first aid to be given by the nominated first-aider. In an emergency, and if I cannot be contacted, I am willing for my child to be given hospital treatment, including anaesthetic. <b>Yes / No</b>	
Either return form on Wednesday 13 <sup>th</sup> August or post to: Pamela Reid, 27 Forge Hill Court, Saintfield, BT24 7LW. Phone for further information: 077 6927 5442	