

## Armstrong Hall Christian Fellowship Kids Club/Midway Registration

Childs Name:

Date of Birth:

Parent Guardian Name:

Address:

Email:

Emergency Contact number 1:

Emergency Contact number 2:

School Attended:

Year:

Details of any regular medication, medical problem (e.g. asthma, epilepsy, diabetes, allergies, dietary needs, etc.) or additional needs/impairment which may affect activity:

Permission give medications/take emergency action in case of accident if necessary:

Signature:

Due to changes in the Data Protection rules we now have to ask permission for Armstrong Hall to keep this data for the duration of your child's time with us and to contact you via email / phone with information regarding Armstrong Hall and Kids Club. It will be kept in a locked box within Armstrong Hall  
Please tick here to say you agree

Occasionally we may take photographs or videos of Kids club activities, these may be used on the Armstrong Hall website, twitter feed, or for publicity purposes.

- I agree to my child's photograph and video image being taken and being used as indicated above
- I do not agree to my child's photograph or video image being taken and used as indicated above
- Other – (eg. image but not video) Please specify .....

Signature: