



WERRINGTON PARISH CHURCH



HOLIDAY CLUB 2017 HELPER REGISTRATION FORM

(For under 18s – Year 7 upwards)

Holiday Club will take place this year from **Thursday 10th to Saturday 12th August**. We would LOVE you to help in any way, so if you can please complete the form below and return it to the Parish Office **by 26th May**. We ask that you get Rev George Rogers, Rev Sue Fear or Newton Kibiringi to sign your form to confirm your involvement with the church. If you have any questions then please speak to **Rachel Smith**. Tel. **760276** / email. anrasmith@ntlworld.com or **Ruth Jones**. Tel.**324702**/ email. ruthloveselmo@hotmail.com

Name:

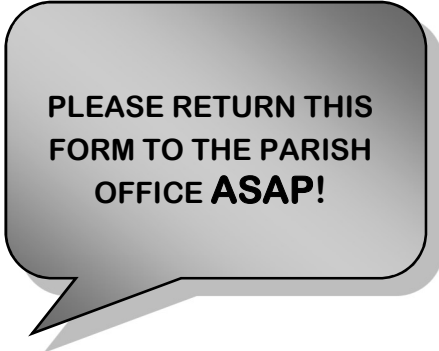
Address:

Postcode:

Home Telephone Number :

Date of Birth :

E-mail address



Will this be the first time that you've helped at Holiday Club? Yes No

To help us allocate you to a group, please tick the relevant boxes below of areas you are interested in. It would help if you could number your first 3 preferences. If you are not sure, then please tick 'Anywhere Needed' and we will discuss it with you at a later date.

Reception	<input type="checkbox"/>	Drama	<input type="checkbox"/>
Year 1/2	<input type="checkbox"/>	Games helper	<input type="checkbox"/>
Year 3/4 (15-18s only)	<input type="checkbox"/>	Band/singing	<input type="checkbox"/>
Year 5/6 (16-18s only)	<input type="checkbox"/>	Anywhere needed	<input type="checkbox"/>
Music	<input type="checkbox"/>	Craft	<input type="checkbox"/>
Prayer	<input type="checkbox"/>		

We will assume that you are available on all three days. If not, please state which days you are available for:

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PTO (for medical information and parental consent)

Medical Information and Parental Consent for Holiday Club

Please give details of any medical conditions, including allergies, you may have and any medications you take.

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Name of Doctor:.....

Address:
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Tel No:

In the unlikely event of illness or accident, I give permission for any necessary medical treatment to be administered by the nominated first aider, or by suitably qualified medical practitioners. Should emergency hospital treatment be required, I authorise an adult leader to sign on my behalf any written form of consent required by the hospital if I cannot be contacted. I understand that every effort will be made to contact me as soon as possible.

Emergency Contact Phone No: _____

Signature _____ (Parent/Carer) Date _____

I give permission for _____ to be a helper at Holiday Club.

Signature _____ (Parent/Carer) Date _____

I confirm that _____ is involved with Werrington Parish Church.

Signature of Youth Worker, Vicar or Asst Priest: _____

Signature of Ruth Jones/ Rachel Smith: _____