## CHRIST CHURCH FULWOOD PRESTON ANNUAL REGISTRATION FORM 2013/14

Name of Organisation	Infant / Junior Church / Pathfinders/ Youth Club
Name(s) of Child(ren)	)
Home Address:	
-	
Date(s) of Birth:	Age:
-	Age:
_	Age:
Are there any special medical conditions/allergies which should be brought to the notice of the leaders? If so please specify or speak to one of the leaders.	
I agree to the above being involved in the activities of this group. I understand the necessity to complete the relevant forms for Off Site Visits. I acknowledge the need for good conduct and responsible behaviour and understand that my child/ren will be returned to Church if they are continually disruptive.	
Signed:	(Parent/Guardian)
Contact Name:	
Contact Address:	
-	
Telephone Number:	Mobile
Email Address:	·