



Calvary Church & Christian Centre

Earlsway, Macclesfield, Cheshire
SK11 8RJ.
Tel 01477 534 265



Registered Charity No. 1051799

Registration Form

FULL NAME OF CHILD _____ M/F DATE OF BIRTH _____

ADDRESS _____

_____ POSTCODE: _____

TELEPHONE NO(S). _____

I GIVE PERMISSION FOR MY CHILD TO APPEAR IN PHOTOGRAPHY OR VIDEO FOOTAGE (if not please state so)
(The photographs/video will be used for church purposes only, including church website and press releases)

ANY OTHER DETAILS (i.e. medical) _____

I confirm that the above details are complete and correct to the best of my knowledge.
In the unlikely event of illness or accident I give permission for any necessary medical treatment to be given by the nominated first-aider. In an emergency and if I cannot be contacted, I am willing for my child to receive hospital treatment, including anaesthetic if necessary. I understand that every effort will be made to contact me as soon as possible.

SIGNED _____ PARENT/GUARDIAN DATE _____