

CHAMPION'S CHALLENGE REGISTRATION FORM *(Please use a separate form for each child.)***Champion's Challenge** will take place at:

from:

to:

Please fill in this form to book a place for your child.

Child's full name		Sex: M/F
Date of birth	School	
Please register my child for Champion's Challenge		Parent's/Guardian's signature
Parent's/Guardian's full name		
Address		
Phone number		
I give permission for my child's and my details to be entered on the church database. Yes/No		

CHAMPION'S CHALLENGE CONSENT FORM *(Please use a separate form for each child.)*

Child's full name	
Address	
Emergency contact name	Phone number
GP's name	GP's phone number
Any known allergies or conditions	
<p>I confirm that the above details are complete and correct to the best of my knowledge.</p> <p>In the unlikely event of illness or accident, 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 if necessary. I understand that every effort will be made to contact me as soon as possible.</p> <p>Signature of parent/guardian: _____ Date: _____</p>	