

# TEAMBUILDERS REGISTRATION



**HOLIDAY CLUB at  
Fairmilehead  
Parish Church!  
6 - 10 August,  
9.30am - 12noon**

There is also a Breakfast Club and Lunch Club.  
The Breakfast Club will run between 8.30am  
and 9.30am and the Lunch Club between  
12noon and 1pm.  
If you wish your child to attend either of  
these, please indicate below.

TEAMBUILDERS is a five day event for  
primary aged children. Come along as we  
learn about how we can all be a part of  
God's Team.

There will be lots happening during the  
mornings, including games, crafts, music,  
challenges and loads more!

Cost is £15 per child. For more information  
please contact Jamie Woods  
[jamie.sd.woods@gmail.com](mailto:jamie.sd.woods@gmail.com)  
or get in touch with the church office

Please register my child for Holiday Club at Fairmilehead Parish Church, 6 - 10 August 2018:

Child's Name \_\_\_\_\_ Sex M / F Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Postcode \_\_\_\_\_

Age (as of 6th August) \_\_\_\_\_ Primary (2018 - 19 School Year) \_\_\_\_\_

Any known Allergies or health problems \_\_\_\_\_

I enclose £\_\_\_\_\_ Cost is £15 per Child. Cheques should be made payable to Fairmilehead Parish Church

We will be photographing the children taking part in the various Holiday Club activities  
throughout the week for use in the church's publications, future publicity and the church website.  
Please tick here if you **DO NOT** wish your child to be included in these photographs:

**Please also register my child for:**

Breakfast Club (8.30am - 9.30am )  Lunch Club (12noon - 1pm)   
*Breakfast Included Please bring a packed lunch*

Parent/Guardian's Full Name \_\_\_\_\_ Tel No \_\_\_\_\_

Email Address \_\_\_\_\_ (you will be notified of your registration by email)

Alternative Emergency Contact \_\_\_\_\_ Tel No \_\_\_\_\_

Relationship to Child \_\_\_\_\_

*I confirm that the above details are correct and complete 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 can't 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.*

Signature \_\_\_\_\_ Date \_\_\_\_\_