



Noah's Ark

Holiday club

17-19 June

at Holy Trinity Church Hall

09:30 - 12:00

For children: 5-13 years old

**Pre-registration required. Registration forms available
online at www.holytrinitybelvidere.org or from the
Parish office.**

Registration Form: Holy Trinity Anglican Church Holiday Club

Details of your children attending Holiday Club

Name	Surname	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

For each child attending Holiday Club, please specify if your child has allergies or health conditions we should know about.

Name _____ Allergies / Health conditions _____

Name and phone number of family doctor: _____

INDEMNITY FORM

1. I, (full name of parent or guardian) _____
_____ of (address) _____

Tel No: _____ Cell No: _____
being the parent and/or guardian of (Full names)
a. _____ age _____
b. _____ age _____
c. _____ age _____
d. _____ age _____

hereby give my consent to my child/children attending and fully participating in the activities of the Holy Trinity Anglican Church Holiday Club 2019.

2. I agree that neither Holy Trinity Anglican Church (HTB), its members, representatives, employees and assistants ("the Church") may be held responsible for any loss, injury or damage that the persons or property of my child/children may sustain while engaged in any activity at the Holiday Club.
3. I hereby indemnify and agree to keep indemnified and hold harmless the Church against all and any claims which may be brought or made against the Church in respect of such loss, injury, or damage which may be sustained by my child/children resulting from my child/children's attendance at the HTB Holiday Club, as well as while my child/children is/are in the care of the Church or on the Church premises, however, and from whatever cause arising.
4. As far as I am aware, my child/children is/are in good health. Any special health requirements including allergies and medication are noted above.
5. In an emergency situation in which my consent cannot reasonably be obtained, I consent to the child undergoing surgical or other medical treatment on the advice and under the supervision of a medical doctor. I undertake to pay the costs of the treatment required.

(Signature of parent/guardian)

(Date)