



# Giffnock : Park Church

## J team Summer Mission Registration Form

### Summer Mission Consent Form

**GIFFNOCK: THE PARK CHURCH J Team HOLIDAY CLUB**

**Monday 15th July - Friday 19th July**

**Park Church: Ravenscliffe Drive: Giffnock (6.30 - 8.15pm)**

### To be filled by Parent or Guardian

**Name and address of child or young person: .....**

**Emergency contact details:**

**Name: .....**

**Evening Telephone No.: .....**

***Alternative parental contact if you are unavailable:***

**Name: .....**

**Evening Telephone No.: .....**

**Name of GP: .....**

**GP's Telephone No: .....**

***Please advise us should there be any particular medical concerns we should be aware of***

.....

Please give details of any medical conditions (e.g. asthma, epilepsy, diabetes, dietary needs) or disability that may be affected by this activity):

.....

**Photographic Consent** (Any photographs taken where appropriate would be used only for our Summer Mission Church Service on Sunday 21st July. ***Photographs will not be used for website purposes***)

Yes

No



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**Any Further Relevant Information**

Please advise us of any further information you feel may be of importance to us:

**Parental Consent:**

- I have read the above information and I give permission for my child as named above to participate in this activity.
- In an emergency and/or I cannot be contacted, I am willing for my child to receive necessary hospital or dental treatment including an anaesthetic

Yes

No

Signature of parent or adult with parental responsibility for the child or young person:

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Please return your form to the Park Church at Ravenscliffe Drive, Giffnock or scan and email to the church office at [parkchurch@hotmail.co.uk](mailto:parkchurch@hotmail.co.uk)