

'The Island' Tuesday 8 August—Friday 11th August 2017

Only £10 per child

Child's Full Name:

Boy / Girl:

Date of Birth:

Age:

Current School Year:

.....
Child's Full Name:

Boy / Girl:

Date of Birth:

Age:

Current School Year:

.....
Parent's/guardian's name:

Parent's/guardian's signature:

Parent's/guardian's address:

Email address:

Emergency Contact name:

Relation to Child/ren:

Emergency Telephone Number:

Please indicate if you wish your child to opt out of photos or videos taken at the club. []

Are there any allergies or medication we need to know about? Yes / No

(If Yes please write details on the back on the back of this form.)

Please return this form to the Lighthouse Office, 13 Lynn Road, Ely, CB7 4EG

Payments accepted: Cheque (payable to Lighthouse) or by Cash / Debit Card. Thank you!