

MISSION RESCUE

Registration

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

VENUE

FROM

TO

CHILD'S FULL NAME

SEX:

M / F

DATE OF BIRTH

SCHOOL

PLEASE REGISTER MY CHILD FOR **MISSION:RESCUE**. 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

I give permission for my child's photograph to be taken during the club.

(The photographs will be used for church purposes only, including church magazines and press releases)

YES / NO

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