



Holiday Club

21-25 August 2017

Team Application Form

PLEASE RETURN THIS FORM TO THE PARISH OFFICE

*This is an application form, not a guaranteed place on team. You will be sent a confirmation of your place by e-mail.
If you have any questions then contact holidayclub@stpetersfarnborough.org.uk*

NAME (BLOCK CAPITALS):

I am applying to be involved with:	
Children's Groups Years R & 1	
Children's Groups Years 2 to 4	
Children's Groups Years 5 & 6	
First Aid	
Site Team	

It would be great if you could help all week, but if you are only able to help for part of the week, or half-days, then please specify:

I would also like to be involved in:
Band/Drama (delete as appropriate).

TRAINING EVENTS:
To help Holiday Club run smoothly and safely you **MUST** attend one of the training events. Please tick which one you will be attending (They will be **identical**). *If you would like to be involved in Holiday Club but cannot attend the training then contact Katie or Chloe.*

Thursday 13th July, 7:30pm-10pm

or Saturday 22nd July, 9:30am-12pm

Over 18s

Address (Block Capitals) :

E-mail address:

- I agree to attend appropriate training (see above) in advance of Holiday Club.
- I agree to read and abide by the St Peter's Child Protection 'Frequently Asked Questions'.
- I understand that I may not take still or moving images during Holiday Club. I acknowledge that I may be included in both still and moving images/audio taken during Holiday Club and related activities by our designated staff, which may appear on church displays, publications and the church website and Facebook pages.
- I acknowledge that the children's/youth team may use email addresses and mobile numbers where appropriate.

Signed: **Telephone Number:**

Emergency Contact Details for 21-25 August:

Name: **Phone No:** **Relationship:**

Please provide medical details overleaf.

Under 18s

Address (Block Capitals) :

Age (as at 21/08/17) : Date of Birth: / /

Your E-mail address:

Parent's E-mail address:

- I agree to my child named above being involved in leading at Holiday Club and the associated training events.
- I acknowledge that my child may be included in both still and moving images/audio taken during Holiday Club and related activities by our designated staff, which may appear on church displays, publications, the church website and Facebook page.
- I acknowledge that the children's/youth team may use email addresses and mobile numbers where appropriate.
- In the event of illness or an accident requiring emergency hospital treatment for my child I authorise Katie Prieto, Chloe Pollington or Matthew Swires-Hennessy to sign on my behalf any written form of consent required by the hospital authorities, if the delay required to obtain my own signature is considered inadvisable by the clinician.

Name: Signed: (Parent/Guardian)

Telephone Number:

- I understand that the position I am applying for comes with responsibility and, whilst I am not legally responsible for the children, I am part of the team and must act responsibly.
- I understand that I may not take still or moving images during Holiday Club.
- I agree to read and abide by the St Peter's Child Protection 'Frequently Asked Questions'.
- I understand that if my behaviour is unacceptable I may be asked to leave Holiday Club.

Signed: (Young Person) Telephone Number:

Emergency Contact Details during 21-25 August:

Name: Phone No.: Relationship:

Parents please provide medical details below.

Medical Details (Over 18s & Under 18s)

If the answer to any of the following questions is YES, give details in the space below.

- | | |
|---|----------|
| 1. Are you taking any medicine or following any treatment that needs to be continued during the event? | YES / NO |
| 2. Do you suffer from any recurrent illness - asthma, hayfever, migraine, fits, or any other illness or disability? | YES / NO |
| 3. Are you known to be allergic or sensitive to anything (e.g. penicillin, aspirin, other medicines, food etc.)? | YES / NO |

Name and Address of Doctor: _____

Telephone _____

Date of last anti-tetanus injection (if known) _____

Please update us if your medical details change between now and the event.