

I give permission for my child
to attend the Rock Solid
Summer Camp



Name	
Address	
Emergency contact phone no	Date of Birth
Email address:	
Allergies or medical conditions we need to know about	
In the unlikely event of illness or accident, I give permission for appropriate first aid to be given. In an emergency, and if I can't be contacted, I'm willing for my child to be given hospital treatment, including anaesthetic. I understand that every effort will be made to contact me as soon as possible.	
<input type="checkbox"/> I would like to receive information about future camps and other youth events organised by ECF. You can unsubscribe at any time.	
Signature of Parent/Guardian	Date