

# ROCKY'S plaice REGISTRATION FORM

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 *Rocky's Plaice* 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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