



Register online @ [www.knaresboroughurc.org](http://www.knaresboroughurc.org)

Knaresborough United Reformed Church  
 Gracious Street/Windsor Lane  
 Tel: 07772 28613

**POLAR EXPLORERS REGISTRATION AND CONSENT FORM** Please use this form to book a place for your child. A separate form must be used for each child. It can be photocopied or further copies can be downloaded from [www.knaresboroughurc.org/how-to-register.php](http://www.knaresboroughurc.org/how-to-register.php) Alternatively you can register online at [www.knaresboroughurc.org/online-registration.php](http://www.knaresboroughurc.org/online-registration.php)

**POLAR EXPLORERS** will take place at Knaresborough United Reformed Church from **Monday 1 August 2016 – Friday 5 August 2016**  
 10am – 12noon for children who have completed school years Reception, Year 1 and Year 2  
 2pm – 4pm for children who have completed school Year 3, Year 4, Year 5 and Year 6

Please register my child for **POLAR EXPLORERS**

Child's name: \_\_\_\_\_ Known as: \_\_\_\_\_ M/F

Date of Birth: \_\_\_\_\_ School: \_\_\_\_\_

Parent's/Guardian's full name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email (used for acknowledgement): \_\_\_\_\_

Emergency contact name: \_\_\_\_\_ Emergency contact number: \_\_\_\_\_

GP name: \_\_\_\_\_ GP telephone: \_\_\_\_\_

Any known allergies or conditions: \_\_\_\_\_

I confirm the above details are correct to the best of my knowledge.  
 In the unlikely event of any illness or accident I give permission for any necessary medical treatment to be given by the nominated first-aider. In an emergency and if I cannot be contacted I am willing for my child to receive hospital treatment, including anaesthetic if necessary. I understand that every effort will be made to contact me as soon as possible.

I give permission for my child's image to be taken and used on the URC website/magazine/local press YES/NO

Parents'/Guardians' signature: \_\_\_\_\_ Date: \_\_\_\_\_

We may contact you with details of children's events that may be of interest to you.  
 Please tick this box if you do not wish to receive these mailings

**Please return completed form to Knaresborough United Reformed Church, Gracious Street, Knaresborough HG5 8DT**