



5-11'S

GOO/ GOO2/ KIDSPACE REGISTRATION FORM

Please use block capitals

Child's Surname: _____

1. First Name: _____ Age: _____ years & _____ months

2. First Name: _____ Age: _____ years & _____ months

3. First Name: _____ Age: _____ years & _____ months

Home Address: _____ Church attending: _____

First Emergency Contact Name: _____ Mobile Number: _____

Second Emergency Contact Name: _____ Mobile Number: _____

Please keep phone on silent. Do not switch it off!

Where are you intending to be whilst your child is with us: _____ Site Area: _____
Tent / Caravan / Day-Visitor: Fri / Sat / Sun / Mon / Tues

Does your child have any special requirements we need to know about?

Have you an objection to the leaders changing your children's clothes should they soil them during their time with us?
YES NO (please circle)

A password system is in place to ensure all children are safe: _____

Permission for FIRST AID and for photographs and videos to be taken

I hereby give Permission for First Aid by the venue Qualified First Aider to be administered if it is felt that it would jeopardise the safety of my child to wait for paramedics to arrive. I hereby give permission for photographs / videos to be taken by an official photographer. Any photographs taken may be used in publicity for Ground Level (the charity that organises ONE Event).

Parent/guardian

Name: _____ Signature: _____ Date: _____



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Parent/guardian

Name: _____ Signature: _____ Date: _____



3-5'S

KABLOOM REGISTRATION FORM

Please use block capitals

Team use only:
Blue/Yellow/Green/Red
No:

Child's first name: _____ (familiar with)

Surname: _____ Age: _____ years & _____ months

Home Address: _____ Church attending: _____

First Emergency Contact Name: _____ Mobile Number: _____

Second Emergency Contact Name: _____ Mobile Number: _____

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Parent/guardian

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Please use block capitals

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Blue/Yellow/Green/Red
No:

Child's first name: _____ (familiar with)

Surname: _____ Age: _____ years & _____ months

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