



# Showstoppers! 2018

Information, Registration and

Showstoppers! Is a five-day holiday club run by Cathcart Youth Ministry Partnership (SC039290) for **all** primary school children (those in P1 to P7). It offers fun, games, drama and teaching (and even more!) as we explore the truth about Jesus together.

Showstoppers! is free and will run:

**Monday 23<sup>rd</sup> until Friday 27<sup>th</sup> July 2018**

**10am until 12 noon**

**At Cathcart Trinity Church, 90 Clarkston Road, Glasgow, G44 3BN**

**The Big Top Cafe will be open for all parents/carers during holiday club**

To register, please fill in the following details (both sides) and return the bottom half of the form by hand or by post to: CYMP, c/o Cathcart United Free Church, 7 Struan Road, Glasgow, G44 3AT as soon as you can.

*Please fill out one form in full for each child you wish to register.*

<b>Parent/carers name:</b>		<b>Your name (<u>only if different</u>):</b>
<b>Child's first name and surname:</b>		<b>Sex: M / F</b>
<b>Child's date of birth:     /     /</b>	<b>School</b>	<b>Going into Primary _____ Or S1 _____</b>
<b>Name of person with parental responsibility</b>	<b>Daytime contact number:</b>	
<b>Name of additional contact (in case of emergency):</b>	<b>Daytime contact number:</b>	
<b>Child's address (with postcode):</b>		
<b>Contact email address (if you would like a confirmation &amp; other up to date information):</b>		
<b>How did you hear about the Holiday Club?</b>		

**You MUST also complete and sign IMPORTANT information overleaf.**

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## Information, registration & consent sheet

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<p><b>Please give details of any known medication, conditions or allergies (or enter NIL)</b></p>
<p><b>Please give details of any learning/behaviour difficulties and ideas on how best to manage them (or enter NIL)</b></p>
<p><b>Any other comments/requests:</b></p>
<p>In the unlikely event of illness or accident, I give permission for any necessary medical treatment to be given by a nominated first aider. In an emergency and if I am not contactable, I am willing for my child to receive necessary hospital or dental treatment, including anaesthetic. I understand that every effort will be made to contact me as soon as possible.</p> <p><b>Yes ___ No ___ (please tick)</b></p>
<p><b>DATA PROTECTION</b> CYMP promise to look after your data in line with General Data Protection Regulation (GDPR). Please keep me informed of future events YES <input type="checkbox"/> NO <input type="checkbox"/></p>
<p><b>PHOTOGRAPHS</b> I understand that authorised photographs or videos may be taken during the club. I give permission for images of my child to be used for feedback from or publicity for events. YES <input type="checkbox"/> NO <input type="checkbox"/></p>
<p><b>SMALL PRINT</b> I give permission for my child, as named above, to take part in the normal activities of this holiday club. I understand that while involved in the activities of this club, they will be under the control and care of the group leader and/or other adults approved by CYMP leadership and that, while the staff in charge of the group will take reasonable care of the children, they cannot necessarily be held responsible for any loss, damage or injury suffered by my child during, or as a result of, the activity.</p>

Signed \_\_\_\_\_ (parent / carer)      Date: \_\_\_\_\_