

## Holiday Bible Club 2026

# Out of this World

*Tuesday 28<sup>th</sup> July - Friday 31<sup>st</sup> July*

*10:00 - 12:30*

*At Wheelock Heath Baptist Church*

**PLEASE COMPLETE BOTH PAGES OF THIS FORM AND RETURN IT TO ANY ONE OF THE ADDRESSES LISTED BELOW.**

**Full name of child:** .....

**Date of Birth:** .....

**Home Address:** .....

.....

**Post Code:** .....

**Phone No. (Day time):** .....

**Mobile No:** ..... **E-mail address:** .....

**Extra contact name and phone number in case of emergency (only if different from above):**

#### Storage of data

According to the Privacy Policy of the church (available at [whbc.co.uk](http://whbc.co.uk)), this form will be stored in a locked cupboard and the details will also be stored on a password-protected computer. You have the right to view the details, change the details at any time, and also to have the information erased completely.

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Please provide details of any other relevant information (e.g. allergies, asthma, other medical conditions, legal responsibility for the child, etc.) if applicable:

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.....  
.....

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I give permission for (CHILD'S NAME) ..... to take part in the normal activities of this group. I understand that, while involved, children, and young people, will be under the control and care of the group leader and/or other adults approved by the church leadership and that, while the staff in charge of the group will take all 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.

I give my consent for appropriate emergency treatment in the event of illness or accident:                      YES / NO    *(please circle)*

During the activity, photographs may be taken of participating children, and used in later publicity material.

I agree to my child being included in videos and photos: YES / NO  
*(please circle)*

Signed (parent/or adult with parental responsibility): .....

Print your name: .....

State your relationship to child: .....                      Date .....

**PLEASE RETURN THIS SIGNED FORM TO ONE OF THE FOLLOWING:**

**Natalie Wilson, 47 Pool Lane, Winterley CW11 4RZ**

**Becki Hodder, 14 Radcliffe Road, Wheelock CW11 3LT**

**Liz Richardson, 20 Clowes Avenue, Alsager, Stoke on Trent ST7 2RL**

**Laura Clayton, 4 Wells Avenue, Haslington CW1 5RZ**