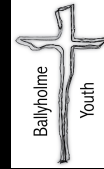




**Summer Jumpin' '09
20-24th June**



Personal Details

Name:		Age:	
DOB:		Church:	
Address:			
Email:			

Some Questions:

Does your son/daughter have any allergies / medical conditions?

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Please give an emergency name and contact number:

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Do you allow your child to walk home?	Yes		No	
If notified do you allow your child to go to the local park with their Jumpin' group?	Yes		No	
Do you give consent for pictures to be taken of your child during Jumpin' for Parish use, such as the magazine?	Yes		No	
May we keep your information on file so we can notify you for future events?	Yes		No	
If your child goes to Children's Church here, would you like this registration form to pre register them for CC?	Yes		No	

Tiggers		Wallabies	
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Parental Consent

I give permission for my son/daughter to attend Jumpin'

Signed:		Date:	
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