

CHAMPIONS CHALLENGE REGISTRATION FORM

(Please use a separate form for each child.)

CHAMPIONS CHALLENGE will take place at Pitreavie Primary School,
from **Monday 7th to Friday 11th and Sunday 13th July 2008**

Please come along yourself

— and fill in this form to book a place for your child.

Child's full name		Sex: M / F
Date of birth	School & Year	
Parent's / Guardian's full name		
Address (including postcode)		
Phone number		
Emergency contact name		
Emergency contact phone number		
GP's name		
GP's phone number		
Any known allergies or conditions		
<ul style="list-style-type: none">• Please register my child for Champions Challenge• I confirm that the above details are complete and correct to the best of my knowledge.• Photo's may be taken — I give my consent — YES / NO• I would like to be sent information about SU Holiday's — YES / NO		
Signature of parent / guardian:		Date:

We need to know who will be collecting your child from Champions Challenge

If you are unable to do this, or if your child is to go home on his/her own, please note this below:

- Tick here if YOU will collect your child
- Tick here if your child may go home alone
- Tick here if someone else will collect your child

Write that person's name next to the day concerned.

MONDAY _____

TUESDAY _____

WEDNESDAY _____

THURSDAY _____

FRIDAY _____

SUNDAY — Please come as a family to our closing event at 11.00am

Thank you for your cooperation.