



Amaze – Mount Zion Children's Club Registration

I would like to register the child(ren) named below for Amaze @Mount Zion

Child's Name: _____ D.O.B. _____

Child's Name: _____ D.O.B. _____

Amaze is open to children of Primary School Age

Parent / Guardian's Contact Details

Name: _____ Home Number: _____

Mobile Number: _____ E-mail: _____

Address: _____

Consent

☐ I give permission for my child's photograph to be used on notice boards in church, in print and on the website.

I give my consent for Mount Zion to contact me by:

☐ Post ☐ Email ☐ Phone ☐ SMS

Health Declaration & Emergency Numbers

In the event of an emergency it is vital we have contact details for your child.

1st Contact Name: _____ Number: _____

2nd Contact Name: _____ Number: _____

Family Doctor Name: _____ Number: _____

Any known allergies/disabilities: _____

I confirm that the information stated above is correct and may be distributed to the club leaders it may concern.

Signed (parent/ guardian): _____ Date _____

Please return form by email to amazemountzion@gmail.com, or by post to Amaze, Mount Zion Church, Law View Road, Quarriers Village, PA11 3FD

*Mount Zion Church is committed to protecting your personal details. We will only contact you in connection with Amaze or Church events, and will not pass your data on to any third parties for marketing purposes.
Scottish Charity No. SC030549*