



# Larne Methodist Shell Club

## 2019-2020

**Team games, crafts, table tennis, air hockey, and more**

Friday, 6.45 pm - 8.00 pm

*Shell Club seeks to provide children with a safe and friendly place to come along and meet friends and enjoy themselves within a Christian environment.*

Dear Parents/Guardians,

Shell Club will run for 3 six-week sessions throughout 2019/20 with the first session commencing on **Friday, 13<sup>th</sup> September 2019**. Children will be notified later in the year of the dates for sessions 2 & 3. Shell Club is open to all children of primary school age.

Please note the following:

- Numbers will be restricted to a maximum of 40 children.
- The attached consent form must be completed and returned on the first night of Shell Club along with the subscription fee of £10 per child or £15 per family (this fee covers all three sessions).
- Parents/guardians must collect children from **inside** the church hall at the end of each evening.
- A Leader must be notified if your child is to be picked up by another person.
- A tuck shop will be available at the end of each evening.
- We appreciate suggestions from parents/guardians/children regarding activities which would be of interest to the group so please feel free to talk to a Leader.

We look forward to another enjoyable year at Shell Club.

On behalf of all the Leaders.

Regards,

**Peter Wolfe (2827 4460)**

## Multi Purpose Parental Consent Form

Please circle those attended by your child:

Boys' Brigade                      Youth Fellowship                      Sunday School                      Girls' Brigade  
 Bible Class                      Scouts                      CE                      Guides                      Other – Larne Methodist Shell Club

Anything written on this form will be held in confidence. The leaders need to know these details in order to meet the specific needs of your child.

I give permission for my child to attend the organisations which I have marked above at their usual meeting places and participate in all their activities.

Child's full name: ..... DoB: .....

Name by which he/she is usually known: .....

Address: .....

Phone number where I can be contacted in an emergency: Home: .....

Work: ..... Mobile: .....

If unavailable, contact: Name: .....

Phone no (including code): .....

Relationship to child: .....

Name and phone number of GP: .....

Details of any known conditions, allergies etc (eg asthma, diabetes, epilepsy) and any medication being taken:

.....

Other persons authorised to collect the child: .....

I will inform the leaders of any important changes to my child's health, medication or needs and also of any changes to our address or to any of the phone numbers given above.

In the event of illness or accident, having parental responsibility for the above named child, I give permission for first aid to be administered where considered necessary by a trained first aider, if available, or medical treatment to be administered by a suitably qualified medical practitioner.

If I cannot be contacted and my child should require emergency hospital treatment, I authorise an adult leader to sign on my behalf any written form of consent required by the hospital. However, I understand that every effort will be made to contact me as soon as possible.

During the time your child will spend with us, photographs may be taken for general church purposes and for this we need your permission. On signing this form we will assume you have given permission for your child's photograph to be taken unless otherwise informed.

I confirm that the above details are correct to the best of my knowledge.

Signature: ..... (Parent/Guardian) Date: .....

Name printed in full: .....

see over/

# The Methodist Church in Ireland – Larne Circuit

## Addendum to Standard Parental Consent Form

Name of child: .....

Address: .....

.....

.....

Name of Organisation: .....

### CONSENT – TRANSPORT

On an occasion where transport is required do you give your consent for your son/daughter to travel in a private car/bus/mini bus driven by a Church Leader or hired from a licensed company for the purpose.

YES/NO

Signed: .....

Date: .....

### CONSENT – PHOTOGRAPHS

Please sign below if you grant permission for your son's/daughter's photograph to be taken at church organised activities. These photographs may be used for general publicity purposes within the Company and Church, in the media, on the Church web sites, posters, brochures and other printed material.

*I do/do not\* give permission for photographs of above named child to be taken and used in the manner described above.*

*(\* please delete as appropriate)*

Signed: ..... (person with parental responsibility)