

Presents...



REGISTRATION and **CONSENT FORM**

The Heroes Academy 'Jungle Explorers' will take place at Moulton Church from Tuesday 29th July - Friday

1st August + our big finale on Sunday 3rd August 2025

See Invitation for full details of session times. Cost is £30 per child.

Please complete **BOTH** sides of this form carefully to book your child's place.

| Child's name | | Sex M/F |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|--------------------|
| Date of birth | School | School Year |
| If your child is coming with 1 or 2 friends and they would like to be together for group activities, please give names here and we will do our best to accommodate. | | |
| Please tick which size of T shirt your child requires. T shirts are included in the £30 cost. | | |
| XS (3/4) 22/25" S (5/6) 25/28" M (7/8) 28/30" L (9/10) 30/32" XL (11/12) 32/34"AXS 34/36" | | |
| Please place your order for tickets for the Family BBQ on Wednesday 30th July in the evening . (If any tickets are for Gluten-free or Vegetarian BBQ food please say how many with a GF or V) | | |
| Number of Heroes Academy children | n Free | |
| Number of Adults | @ £2.00 = £ | _ |
| Number of Additional children | @ £1.00 = £ | _ |
| TOTAL number of tickets | = £(Please add this to you | ur payment for HA) |
| Parent's/Guardian's name | | |
| Home address | | |
| Postcode | Phone number | |
| Email address: (Please write clearly as this will be the main means of communication) | | |

Please complete one form per child and return along with a cheque (payable to **MOULTON CHURCH FUND**) or cash for £30 + the TOTAL for your BBQ tickets to:

The Heroes Academy, **Jungle Explorers** Registration Moulton Church Centre, Church Hill, Moulton, Northampton NN3 7SW **Contactless payment** can now be accepted at Moulton Church Office.

If you're struggling to cover the cost for Heroes Academy, please let Claire Clarke know. We don't want the cost to stop any child from being there. cclarke@moultonchurch.co.uk

| Emergency contact name (1) |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Contact tel no: |
| Emergency contact name (2) |
| Contact tel no: |
| GP's name and address |
| Any known allergies, conditions or medication of which we should be aware |
| Does your child need SEN provision? YES/NO (If YES, please give details) |
| I give my permission for photographs and filming of my child to be used Within Moulton Church YES/NO On the Moulton Church website YES/NO On the Moulton Church YouTube page YES/NO On the Moulton Church Facebook page YES/NO |
| I give my permission for photographs of my child to be used in the local press. YES/NO |
| Parents can only take photographs and video recordings of The Heroes Academy 'Jungle Explorers' events on the understanding that any results are for personal use and will not be sold or used for any other purpose. We ask that if you take any photographs or do any recording, that these are only of children in your family. |
| NB. If there is anyone else who will be collecting your child with your permission, OR if there is anyone who you DO NOT want to collect your child, please notify us during the daily registration period. |
| Would you be happy for Moulton Parish Church to contact you using the information you have provided, to let you know about future events for your child? YES/NO |
| Please register my child for The Heroes Academy 'Jungle Explorers' |
| I confirm that the details I have given are complete and correct to the best of my knowledge. In the unlikely event of illness or accident, I give my permission for any necessary treatment to be given by the nominated first-aider. In an emergency and if I cannot be contacted, I am willing for my child to receive hospital treatment, including anaesthetic, if necessary. I understand that every effort will be made to contact me as soon as possible. |
| Parent's/Guardian's signature |
| Print name |

Child's name: