

St Mary's Church, Arnold

www.stmarysarnold.org.uk

Aged 5-11?
Then come and join us for

On Your Marks



St Mary's Church Activity Week
Mon 23rd July – Friday 27th July

Come & join the other athletes as we enter the Global Games in Galilee and find out about what it is like to be part of Jesus's Team.



Monday 23rd to Friday 27th July 2011 **On Your Marks Activity Week**

If you are just finishing in years 1-6 at primary school then don't miss this fun-filled action packed week for children aged 5-11yrs.

There'll be songs, drama, DVD, activities, crafts, outdoor games and lots more!!!!

Numbers are limited, so **please** book early by returning the form.

Morning 9.45am – 12noon (Doors open 09.30am)

Cost: £10 per child for the whole week

Also for all the family:

Saturday 28th July

On Your Marks BBQ

4pm – bangers and burgers for everyone! Free for all Athletes and families, book your places!

Sunday 29th July

On Your Marks All Age Celebration

10.45 am in Church – bring the whole family and see what's been going on all week.



On Your Marks

- Pre-booking is ESSENTIAL
- Please enclose a stamped addressed envelope.

Name.....

Date of Birth.....

Address.....

Current School Year.....

I enclose £..... (£10/child- cash/cheques payable to St Mary's Church Arnold)

Numbers for BBQ on Saturday 28th July

Numbers for All Age On Your Marks Service on Sunday 29th July

Please fill in both sides of this page, detach and return asap with cheque made out to: St. Mary's Church Arnold c/o Anne Hill, 9 Wilson Close, Arnold. Nottingham. NG5 6RJ Tel. : 0115 926 6554



Due to new regulations we now need to seek permission to take photographs of the children at the Activity Week and to display them. No child's name would be displayed and no child will be photographed alone. If you are happy for your child/ren to be photographed please sign below. If you object please leave blank and speak to Anne Hill at the beginning of the week. Thank you for your co-operation.

I grant my permission for my child/children to be photographed and the pictures displayed.

Signed Parent / Carer.....

If your child/children are to be collected by anyone other than yourself or have been given permission to leave by themselves then PLEASE inform their Group Leader. Again thank you for your co-operation.

In the unlikely event of illness or accident I give permission for any necessary medical 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.

Signed Parent/ Carer.....Date.....

Child's Full Name.....

Emergency Contact name

Phone No.....

GP's name.....

Phone No.....

Any known allergies or conditions: