



REGISTRATION FORM 2018



Thanks for joining us for BASIC youth 2018!
Please fill out and return this form. There only needs to be 1 form per family

PERSONAL DETAILS							
Given Name/s	Surname	D.O.B.	Gender	School Name	Grade	Email	Mobile

MEDICAL DETAILS

In order to provide the safest environment for your child/children, the Youth Leaders need to know of any medical or psychological conditions which require special attention. Does your child/children suffer from any of the following?

- | | | |
|---|--|---|
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Asthma | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Seizure disorder | <input type="checkbox"/> Hearing impairment | <input type="checkbox"/> Physical disability |
| <input type="checkbox"/> Speech impairment | <input type="checkbox"/> Visual impairment | <input type="checkbox"/> Intellectual/learning impairment |
| <input type="checkbox"/> Acquired brain impairment | <input type="checkbox"/> Mental health or behaviour issues | |
| <input type="checkbox"/> Other (please specify) _____ | | |

If you have ticked any of the boxes above please provide any further information below. (e.g. medication)

Family / Emergency Contact Details			
Name			
Relationship to Attendee			
Home phone		Mobile phone	
Address			Postcode
Email			

Alternate Contact Details			
Name			
Relationship to Attendee			
Home phone		Mobile phone	
Address			Postcode
Email			

PHOTOGRAPHS

I give permission for my child/children to be included in photos or video footage for release to the media and/or use on church web pages and other publications

YES / NO

AGREEMENT WITH US

By completing this form, I hereby give permission for my child/children to attend all scheduled Youth activities, unless I explicitly advise the Youth Leaders otherwise. I understand that providing transport to and from Youth activities for any child under my care is my responsibility. I recognise that being part of a community involves mutual care and consideration and therefore agree that unacceptable behaviour may result in my child/children being temporarily removed from Youth activities. I understand that every effort will be made to provide a safe environment for my child/children to participate in. However in signing this form I authorise the Youth Leaders, in the event of an emergency, to obtain any medical, ambulance, rescue or other services considered necessary.

Name of Caregiver

Signature of Caregiver

Date
