

APPLICATION & PERMISSION FORM
youth/children's
ANNUAL PROGRAM REGISTRATION

(If Kid's Church attendances only, use FORM 003)

DETAILS OF CHILD

Name: _____ Age: _____ DOB: ____/____/____ Male Female

Address: _____

Suburb: _____ Postcode: _____ Ph (Home): _____

Current school year: _____

Parent/guardian Name: _____ Ph (Home): _____ Ph (Work): _____

Mobile Phone: _____

CHILD'S HEALTH INFORMATION

Emergency contact (if parent/guardian cannot be reached) Name: _____ Phone : _____

Describe in full any allergies (drugs, food, environment) and the medication taken

Is the child on a special diet? Yes No. (If yes, please give details below).

If the child is restricted from any activity, please note the restriction and specify the condition involved: _____

Does the child have an illness that could be triggered by activities in youth group e.g. asthma, diabetes? No Yes _____

Is there anyone who is restricted from seeing the child? No Yes Who? : _____

RISK WARNING

While Lakes Evangelical Church (including its staff and volunteers) take reasonable measures to ensure its activities are as safe as possible for participants, some of the activities engaged in nonetheless do carry a significant risk of physical harm or personal injury.

These risks may arise while in engaging in or watching an activity or in the course of travel to and from an activity. Risks may arise due to a number of factors including rough, slippery and uneven terrain, speed and impact, deep water, falling from height, equipment failure, exertion (especially if a participant has an medical condition), allergic reaction to foods or otherwise. It is possible that an injury could be life threatening or result in permanent disability.

I hereby release Lakes Evangelical Church, its officers, employees and volunteers from liability to the extent permitted by law. I acknowledge that my child participates in the activities of Lakes Evangelical Church at my/our own risk.

APPLICATION

Parents please read, sign and date the following:

My signature below indicates my willingness to permit my child:

- To participate fully in SALT OR SALT56 YOUTH GROUP
- In the case of a medical emergency, I hereby give permission for emergency treatment to be commenced and an ambulance called, if I cannot be contacted.

PARENT OR GUARDIAN'S SIGNATURE INDICATING AGREEMENT WITH THESE CONDITIONS

✍️ Sign : _____ Date : ___/___/___

ADDITIONAL DETAILS

The leadership team of the group will treat the information contained confidentially. This information may be shared with a third party when it concerns medical health or care of the individuals listed. If you wish to access this information or have any queries in relation to the manner in which we handle your personal information, please do not hesitate to contact us.

Last Revised, March 2011