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Youth Ministry Registration Form 2021

Dear Parents/Carers,

This form registers your child/children for one or more of the groups we have for youth:

Illuminate Youth (yr 7-12)	Fridays 6:30-8:30pm
4JED (yr 6-8)	Sundays 10:00-11:30am
SHAPE (yr 9-12)	Sundays 4:30-6:00pm

Please fill out both sides of this form for each of your children attending one of our youth groups. If you need more space for particular details, please attach a second sheet. Please hand it directly to one of the leaders or email to knac.illuminate@gmail.com. This form can also be downloaded from knac.org.au/youth. Thanks for taking the time to make sure we can care well for your child.

DETAILS OF CHILD:

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

Address : _____

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

Current school year : _____ School: _____

Parent/guardian 1:

Name : _____ Ph (Home): _____ Ph (Work): _____

Mobile Phone: _____ email address: _____

Parent/guardian 2:

Name : _____ Ph (Home): _____ Ph (Work): _____

Mobile Phone: _____ email address: _____

CHILD'S HEALTH INFORMATION

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

Family Doctor : _____ Suburb : _____ Phone : _____

Mobile: _____

Medicare No: _____ Card reference No: _____ Expiry date: _____

Health Ins Co: _____ M'ship No: _____ Date of last tetanus booster: ____/____/____

Ambulance Membership: Yes No

Describe in full any allergies (drugs, food, environment) and the medication required if a reaction occurs:

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

Does the child take any medication? Yes No (If yes, please outline dosage, purpose & times)

Operations or serious illness (If yes, please detail date and type below)

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

Does the child have a disability (ie physical/mental/learning/emotional)? Yes No.

Does the child have a known behavioural concerns? Yes No. (If yes, please give details below.)

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

Please indicate any adults who you are happy to pick up your child if they advise a leader that you have asked them to do so:

I am happy for my child to communicate with leaders via the following methods/social media in accordance with Safe Ministry Policy:

Child's mobile ph # _____ Child's email address: _____

Google Hangouts Facebook Instagram Other: _____

I give permission for photos/video of my child to be taken that may be used when advertising or promoting the group Yes No

I give permission for photos/video of my child to be used on the group's social media page/s Yes No Yes, but only if they're not named

PERMISSION AUTHORISATION

Parents please read, sign and date the following:

My signature below indicates my willingness to permit my child:

- to participate in youth group activities organised by Kurrajong & North Richmond Anglican Church. I understand that activities for Illuminate youth group regularly occur on the church grounds, in people's homes or in public places. I understand that transport to and from the advertised drop off and pick up location is my responsibility. I understand that specific permission will only be asked for a particular activity when it involves vehicular transport or is thought to involve an increased risk.
- In the case of a medical emergency, I hereby give permission to the Doctor chosen by the church authorities or other persons supervising or administering the youth activity, to secure proper treatment for and/or order hospitalisation, injection, anaesthetic, or surgery for my child as named. I understand that every effort will be made to contact me prior to instituting such procedures.

PARENT OR GUARDIAN'S SIGNATURE CERTIFYING ACCEPTANCE OF ALL THESE CONDITIONS

✍️ Sign : _____

Date : ____/____/____

ADDITIONAL DETAILS (noted above):

The information provided on the form will be treated in accordance with our organisation's privacy policy. The youth leadership team will treat the above information confidentially. 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 if you have any queries in relation to the manner in which we handle your personal information, please do not hesitate to contact us.