

# Youth Group Enrolment Form

Hunter Bible Church

## DETAILS OF CHILD:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  Male  Female

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

Ph (home): \_\_\_\_\_ Mobile phone: \_\_\_\_\_

Email: \_\_\_\_\_ (please PRINT clearly)

Current school year: \_\_\_\_\_ School: \_\_\_\_\_

Home Church (if applicable): \_\_\_\_\_ Service Time: \_\_\_\_\_ Suburb: \_\_\_\_\_

## DETAILS OF PARENT:

Parent/guardian name/s: \_\_\_\_\_

Ph (home): \_\_\_\_\_ Ph (work): \_\_\_\_\_ Mobile phone: \_\_\_\_\_

Email: \_\_\_\_\_ (please PRINT clearly)

## 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).

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

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

Does the child have a disability (i.e. physical/mental/learning/emotional)?  Yes  No. Details: \_\_\_\_\_

Can he/she swim competently?  Yes  No.

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

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

## Application

### Parents please read, sign and date the following:

I give permission for my child:

- to participate fully in the Youth Group programme associated with Hunter Bible Church
- 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/children's 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.

I give permission for photographs or videos of my child to be taken and used for the Youth Group programme, advertising for the church and on the church web site. All care will be taken in the use of footage.

I give permission for my child's **Youth Group Leader** to send my child mail (i.e. letters regarding the Youth Group programs, birthday cards, get well soon, special invitations, etc.).  Yes  No

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

✍ Sign: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### ADDITIONAL DETAILS (noted above):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_