

CONFIDENTIAL

ORMOND UNITING CHURCH
CHRISTMAS ADVENTURE 2017
Registration and Indemnity Form

Payment can be made on the first day of the program.

CHILD 1.

Child's Family Name.....Child's Age.....

Child's First Name.....

Name of school/kinder.....

Does your child have any food or other allergies? Yes / No

If yes, please give details

.....

Does your child take medication or have a medical condition we need to be aware of? Yes / No

If yes, please give details.....

CHILD 2.

Child's Family Name.....Child's Age.....

Child's First Name.....

Name of school/kinder.....

Does your child have any food or other allergies? Yes / No

If yes, please give details

.....

Does your child take medication or have a medical condition we need to be aware of? Yes / No

If yes, please give details.....

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DETAILS OF PARENT GUARDIAN

Parent's Name:

Address:

Telephone No

Email.....

(Would you like information about future children's programs via email? (Y /N)

Could we have an extra emergency contact?

Name:Relationship to child.....

Telephone.....

Name of family doctor.....Telephone.....

Is there anyone who is not permitted to collect your children? Yes/No

Details:

Consent:

- I consent to my child/children participating in Christmas Adventure.
- I authorise the leader in charge of Christmas Adventure to arrange for my child to receive first aid, if deemed necessary.
- In the event that it is deemed necessary, I authorise the leader in charge to call an ambulance and I accept responsibility for any costs incurred.
- I understand there may be photographs during this activity which may include my child/ren. I understand any such photos will not be used promotionally or externally nor will the child/ren be identified in any way.

SIGNATURE.....DATE.....

Leaders at Christmas Adventure have undergone Working with Children Checks with the Department of Justice.

The Uniting Church is committed to providing a safe place for children.