



REGISTRATION FORM

PIBC Youth Group 2019

Welcome to Phillip Island Baptist Youth Group. In order for us to provide the best level of safety and care, while your children are under our supervision, we require that you complete and return this registration form once a year. The information provided will be treated confidentially.

Only one form is required per family.

Child's Name	Surname	M/F	Birthdate	School Year

Parent/Caregiver	Address	Phone

Parent/Caregiver e-mail address

If necessary, whom else would you allow your children to get a ride home with from Youth Group?		
	Person 1	Person 2
Name		
Phone		
Relationship		

Allergies and Medical Information:

Please let us know if your children have any allergies, medical or psychological conditions that may require special attention while they are at Youth Group or Events. Including behavioural issues, dietary restrictions, diabetes, food allergies, asthma or conditions such as epilepsy.

Child's Name	Allergies	Dietary Restrictions	Medical Information

Injuries and Accidents:

Safety is important to us, but there are times when injuries and accidents are unavoidable. We do have a trained first aid person at each session and event.

Do you allow the Youth Leaders to administer first aid to your children if required? **Y/N**

Do you have ambulance cover? **Y/N**

An ambulance will be called if the situation requires. Parents/Caregivers will be notified as soon as the situation permits.

Emergency Contact Details (If we can't contact the Parent/Caregiver):

	Person 1	Person 2
Name		
Relationship		
Contact Number(s)		

Do you permit photos taken of your children to be displayed: Please circle

- 1) Notice boards in the Church? **Y/N**
- 2) In Church publications:
- Newsletter? **Y/N**
 - Brochures? **Y/N**
 - Websites? **Y/N**
 - Facebook? (no tagging) **Y/N**
 - Slide Shows/Videos? **Y/N**

How did you find out about Youth Group?

- School **Y/N**
- Friend **Y/N**
- Social Media **Y/N**
- Other _____

I agree to indemnify and hold harmless the Baptist Union of Victoria and the Phillip Island Baptist Church against all claims, demands, suits and liability of whatever nature and howsoever arising out of the injury to my child and the relevant activity being undertaken.

SIGNATURE OF PARENT/CAREGIVER: _____

Name: _____ Date: ____/____/2019