



PIBC Family Registration Form 20_____

Welcome to Phillip Island Baptist Church (**PIBC**). In order for us to provide the highest level of safety and care we require that you complete and return this registration form for attendance at our events.

Parent/Guardian Name	Address	Phone No.
(Primary)		
(Secondary)		

Parent/Guardian Email address & Relationship	
(Primary)	(Relationship)
(Secondary)	(Relationship)

Youth or Child's Name	Birthdate	Ministry They Attend	Gender	Year Level

Emergency Contact Details		
	Person 1	Person 2
Name		
Phone No.		
Relationship		

Other adults with permission to sign in and collect your children from programs run by PIBC		
Name:	Relationship	Phone No.

There may be occasions when it is necessary for a leader or helper in our team to transport Youth or Children between premises for a program, or to walk to nearby facilities for special care needs, or emergencies.

I give my permission for my Youth & or Child/ren, to be transported by **PIBC** approved leaders and support drivers who are Licensed, and on the condition that I am advised. **Y / N**

Please detail any preferences for Ethnicity, Culture, Gender, Name/Pronouns, or other Identifications;

Note: If there are any **Custody Arrangements/Court Orders**, or **Protections** in place, that **PIBC** should be aware of, please attach/email information with this registration form, to our office: operations@islandbaptist.org.au

Allergies and Medical Information: Please inform us below of any medical conditions your Youth or Child/ren may have.

Youth or Child's name	Allergies	Dietary restrictions	Medical/ Behavioural information

Injuries and Accidents:

In the unlikely event of accident or injury, please record any applicable information below.

Do you allow paracetamol to be administered to your Youth or Child/ren if required? (please circle or check) **YES / NO**

Ambulance membership number: **Y / N** Number: _____

Medicare number: _____ Number of people on card: _____ Expiry Date: _____

Private Health Insurance Provider: _____ Member number: _____

Approximate date of last tetanus immunisation: ____ / ____ / ____ Family GP (Optional) _____

Media and Advertising

Do you permit photo images or film videos be taken of your Child/ren in the following circumstances;

Internal promotions such as wall posters, highlight videos and slideshow presentations YES / NO

External promotions such as news letters, church website, social media and flyers YES / NO

(*Please note: PIBC will not tag children or their family members in any posts uploaded to social media).

Privacy Policy

In accordance with the National Privacy Principles and Privacy Act, any information contained in this directory will be used only for the ministry of this church and activities related to this church.

Information will not be released to any organisation outside of this church without prior consent.

Use of Personal Details

PIBC will send relevant information and advertising via email and/or text message related to the ministries and programs that your Youth or Children are a part of to the primary contact person on this form **ONLY**.

Exemption of Liability

I authorise the leader/s in charge of the above noted **Island Youth or Island Kids** ministries, to communicate, where applicable and practical with me, to arrange for my Youth or Child to receive such medical or surgical treatment as the leader/s may deem necessary at any time whilst under the care of **Phillip Island Baptist Church**.

I further authorise the use of Ambulance and/or anaesthetic by a qualified medical practitioner if in his/her judgement it is necessary. I accept responsibility for payment of all expenses associated with such treatment.

I appreciate that every care will be taken by the leaders and those connected to **Phillip Island Baptist Church** cannot be held responsible for personal injury, loss or theft of property affecting my Youth or Child/ren.

Print Full Name: _____

Signature of Parent/Guardian: _____

Date: _____

Phillip Island Baptist Church is committed to protecting the safety of **all people** within its ministries, services, and events. Our Policy has been developed to uphold this commitment to safeguard people, and to adhere to the national and local legislation. To view our Safe Churches policy please visit our Website:

<https://www.islandbaptist.org.au>