



NCYC09 6-11 Program Registration (Permissions, Indemnity and Medical Form)

NCYC09 is aiming to provide age appropriate care to the children of delegates and adult volunteers. If you would like your child/ren to participate in these activities, please complete a **SEPARATE SET OF FORMS FOR EACH CHILD** and return by **December 12th** to:

**NCYC09 6-11 Program Registration
1 Morrison Close
Parkville 3052**

About the Team Leaders

Chris Bairstow (Team Leader), Rev Bill Lidgett, Claire Lidgett and Ann Connan all have extensive experience over many years in Children's ministry in both the local and wider church, in schools and in outreach programs. They will all be involved in the whole program and have current Working With Children Checks.

For more information please contact chrisbairstow100@gmail.com.

Privacy Information

All the information recorded on this form is collected and managed in accordance with the Uniting Church Privacy Policy. This information has been collected for the primary purpose of NCYC09 and may be used for any activities, conducted or promoted by NCYC09

If you do not want this information to be used for any other purpose other than NCYC09 please notify in writing:

NCYC09
1 Morrison Close
Parkville 3052

For further information please contact: NCYC09 Ph: 1300 00 6292

Please fill in all applicable details on the following pages

If you run out of room on any question please answer on a separate sheet of paper and attach it to this sheet

NCYC09 6-11 Program Registration (Permissions, Indemnity and Medical Form)

To assist in the programming of the NCYC09 6-11 Program, could you please fill out the following information as relevant to you and your child. If you run out of room on any question please answer on a separate sheet of paper and attach it to this sheet.

Confidential Personal Contact Details

Family Name _____

Postal Address _____

Suburb _____

State (Please Circle) ACT / NSW / NT / QLD / SA / TAS / VIC / WA Post Code _____

Home Phone _____

Email _____

Child's Name

Date of Birth _____

Gender (please circle) M F _____

School grade in 2009: _____

Does your child have an aide at school? _____

Mother's Name

Delegate/Volunteer Number _____

Mobile Number *(in case we need to contact you during the convention)* _____

Are you staying with a group at NCYC? If so please specify _____

Father's Name

Delegate/Volunteer Number _____

Mobile Number *(in case we need to contact you during the convention)* _____

Are you staying with a group at NCYC? If so please specify _____

Family Circumstances

Are there any situations we should be aware of? Eg: Custodian Issues, Other matters. (please specify) _____

Names of persons other than parents/caregiver who have permission to collect child: _____

Emergency Contact

Full name _____

Relationship to child _____

Phone BH () AH () Mob _____

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Alternate Emergency Contact (living in Melbourne, but not necessarily at NCYC09)

Full name _____

Relationship to child _____

Phone BH () _____

AH () _____

Mob _____

Permission to participate in Program Activities:

I consent to my child taking part in the approved program of activities for the NCYC09 6-11 Program

Signed _____

(Parent/Caregiver)

Date _____

Permission to participate in Excursions: Melbourne Zoo Visit: Wednesday 1-5pm

I give permission for my child to walk to the Melbourne Zoo and participate in the program which will be supervised by the Team Leaders

Signed _____

(Parent/Caregiver)

Date _____

Nursing Home Visit: Tuesday 1-2:30pm

I give permission for my child to walk to the Nursing Home and participate in the program which will be supervised by the Team Leaders

Signed _____

(Parent/Caregiver)

Date _____

Confidential Medical Report

Please Tick if any of the following apply:

- | | | | |
|--|---|------------------------------------|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Skin Condition | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Heart Condition |
| <input type="checkbox"/> Blood Disorders | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Migraines | <input type="checkbox"/> Joint Disorder |
| <input type="checkbox"/> Vision Impairment | <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> Blackouts | <input type="checkbox"/> Seizures/Convulsions |

Allergic Reactions (give details) _____

Other _____

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To assist us in caring for your child please provide a written health care plan (if required) for your child and attach it to this form

Medic Alert Number (if applicable)

Are any medications being taken? Yes No

If yes, please state the name of the medication and the dosage etc

If yes does your child self administer? Yes No

Details

Are there any other issues that leaders should be aware of (behavioural, disabilities etc.)?

Last tetanus immunization date / /

Medicare No

Medical/Hospital fund Membership No

Name of family Doctor Ph

Dietary Requirements - Please list any special dietary needs (include any food allergies)

Parent/Caregiver's Medical Declaration

I, _____ the parent/guardian of

authorise the leader in charge of the group, where it is impracticable to communicate with me, to arrange for medical treatment, as the leader may deem necessary at any time during NCYC09. I accept responsibility for payment of all expenses associated with such treatment.

Please tick if you agree:

In the event that I am unable to be contacted, I authorise the use of Ambulance, and/or anaesthetic, an operation, or blood transfusion by a qualified medical practitioner if in his/her judgement it is necessary.

Ambulance cover: No Yes (please provide details)

Permission to be photographed or filmed

There are times when children/young people may be photographed, or videotaped, e.g. in program activities, special events, etc.

Please tick :

I do I do not

give permission for my child to be officially photographed and/or videotaped by NCYC and for these photographs/videotapes to be displayed in church and other not for profit publications or on the NCYC website. I understand that as a safety precaution my child's family name will not be published on the Internet and there will be no linkage of names with photographs.

Signed: Parent/Caregiver

Date:

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Permission to view video tapes and DVD's

I consent to my child/young person viewing video tapes/DVD's which are rated
(Please tick)

- (F) Family
- (G) General
- (PG) Parental Guidance

I understand that all videotapes and DVDs would be previewed by a program leader to check their suitability for use in this children's program.

Signed: Parent/Caregiver _____

Date: _____

Payment Details:

The program will run from 11am til 6pm each day.

I would like my child to attend:

- The full 6-11 program (\$170)
- Particular days of the 6-11 program (please indicate below) (\$40 per day).
 - Sunday
 - Monday
 - Tuesday
 - Wednesday
 - Thursday

I would like to pay \$_____ (total amount)

- Cheque/money order attached (made payable to the Uniting Church in Australia)
- Credit Card

Name _____

Card Number _____

Expiry Date _____

Signature _____

I understand that this information will be stored in a secure and confidential manner.

I appreciate that the leaders of NCYC will take every care and that the leaders and those connected with the activities cannot be held responsible for personal injury, loss or theft of property.

Signed: _____

(Parent/Caregiver) Date: _____

Office use only:

Received ___/___/___ by: _____ Entered ___/___/___ by: _____