



SUNDAY CLUB REGISTRATION FORM

PERSONAL CONTACT DETAILS

Family Name			
Child/ren's name(s)	1	Date of Birth	1
	2		2
	3		3
	4		4
Address			
Phone no.		Email	
Parent/Caregiver's name		Signature	

PERMISSION TO PARTICIPATE

I consent to my child/ren to take part in the approved activities for Youth including: (please tick)

Worship		Welcoming	
Serving in Cafe		Hosting	
Signed		Date	

PERMISSION TO VIEW VIDEOS

I consent for my child/ren to view (G) General rated DVDs.
I understand that all material will be previewed prior to viewing.

Signed	Date
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PERMISSION TO BE FILMED OR PHOTOGRAPHED

I give permission for my child/ren to be photographed or filmed. I understand that the image may displayed in church publications or website. I understand that the child/ren's name/s will not be published or linked with images.

Signed	Date
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CONFIDENTIAL MEDICAL REPORT

The information below is requested to assist in case of illness or accident.
This information will be confidential.

Child	Condition	Tick	Medication type	Self admin Y/N	Allergy Y/N	Specify
Child (1) Name	Heart					
	Asthma					
	Diabetes					
	Other					
Child (2) Name	Heart					
	Asthma					
	Diabetes					
	Other					
Child (3) Name	Heart					
	Asthma					
	Diabetes					
	Other					
Child (4) Name	Heart					
	Asthma					
	Diabetes					
	Other					

Please list any physical or special needs:

DECLARATION

To the best of my knowledge, the information provided is correct. The GATEWAY BAPTIST CHURCH and COMMUNITY CENTRE, its Pastors and leaders of Youth will exercise adequate supervision but will not be held responsible for accident or injury.

In the event of injury/ accident, and caregiver/parent is unavailable, I authorise medical assistance to be provided and agree to meet all expenses incurred. I allow appropriate medical information to be given to attending health care professional.

Name	Signature	Date