

Holy Family Catholic Church Menai Youth Group Registration Form



This form is to be completed when a child or young person first joins a children's or youth ministry program. It should be renewed at the beginning of each year. Completed forms should be retained by the Parish and kept in a locked cabinet. The Leader of Children's ministry should have access to the form in case of emergency.

Personal Contact Details

Family Name/s: _____ Name of Child: _____

Date of Birth: ____/____/____ Preferred Name: _____

Address: _____

Phone: _____ Mobile: _____ E-mail: _____

Alternate emergency contacts:

1. Name: _____ Relationship to child: _____ Phone: _____

2. Name: _____ Relationship to child: _____ Phone: _____

Please give details (name, address and phone number) of other persons who you authorise to collect your child or children in your absence, while in the care of the above-named group:

1. _____ 2. _____

Are there any family situations we should be aware of? e.g. custodial or other matters (please specify)

Privacy Information

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

If you do not want this information to be used for any other purpose other than children's programs, please notify us in writing: 1D Anzac Road, Menai. NSW. 2234

Permission to Participate in Program Activities

I consent to my child taking part in the approved program of activities for the *Holy Family Youth Group*.

Signed _____ Date _____

Permission to View Video Tapes, DVDs or online programs.

I consent to my child viewing VHS tapes, DVDs or online programs including PodCasts rated (PG).

I understand that all material will be previewed by a leader to check suitability.

Signed _____ Date _____

Permission to be Photographed or Filmed

I give my permission for my child to be photographed or filmed. I understand that the image may be displayed in the church publications, church buildings or website. I understand that as a precaution my child's name will not be published or linked with photographs and that all images will be used in accordance with the Catholic Archdiocese of Sydney privacy policy.

Signed _____ Date _____

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Confidential Medical Report

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

1. Please tick if your child suffers from any of the following:

- Heart condition.
- Blackouts.
- Asthma.
- Sleepwalking.
- Diabetes.
- Other (please specify) _____

2. Is your child presently taking medication? Yes / No
If yes, please state the name of the medication, dosage, etc. _____
Does your child self-administer? Y / N

3. Is your child allergic to:

- Penicillin
- Bee stings
- Other drugs or food (please specify) _____

4. Please list any physical or special needs: (e.g., Dietary requirements, Child carries EpiPen)

5. Is there anything else you would like us to be aware of?

I authorise the leader/s in charge of the above-mentioned group where it is impractical to communicate with me, to arrange for my child to receive such medical or surgical treatment as the leader/s may deem necessary at any time during the activities of *Holy Family Catholic Church, Menai*.

I further authorise the use of Ambulance and/or anesthetic 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 with that group cannot be held responsible for personal injury, loss or theft of property affecting my child.

Signature of Parent/Guardian: _____

Name: _____

Date: _____