

REGISTRATION FORM



Child Details

Family Name: _____

First Name: _____

Date of Birth: _____

Year Level: _____

Gender: Male / Female

Parent/Guardian Details

#1 Family Name: _____

First Name: _____

#2 Family Name: _____

First Name: _____

Contact Details

Street Number: _____ Street Name: _____

Suburb: _____ Postcode: _____

Telephone: _____ Mobile: _____

Email: _____

MEDICAL FORM

This section is to be filled in by a parent/guardian of any young person attending Rivers Youth. It is important for the well-being of your child that this form be completed fully and accurately.

Private Health Insurance (if applicable)

Insurance Provider: _____

Membership Number: _____

Expiry Date: _____

Medicare Details

Medicare Number: _____

Name on Card: _____

Expiry Date: _____

Background Information

Has your child previously fractured/broken any bones? Yes / No

If yes, please provide details: _____

MEDICAL FORM (cont')

Does your child have any conditions which require special attention that we should know about (E.g. Hearing or sight impairment, ADD or ADHD, behaviour issues, formal counselling situations, or any other? Please list below:

What is the date of your child's most recent tetanus injection? _____

Medication

Will your child need to be administered any medication during the course of the program? Yes / No

If yes, please provide details: _____

Please note that in regards to non-prescription medications such as paracetamol (E.g. Panadol), it is our policy that leaders **do not** provide medications.

Dietary Requirements

Does your child have any special dietary requirements? Yes / No

If yes, please provide details: _____

Allergies

Does your child have any known allergies? Yes / No

If yes, please provide details: _____

Emergency Contact Details

#1 Name: _____ Relationship: _____

Telephone: _____

#2 Name: _____ Relationship: _____

Telephone: _____

AGREEMENT FORM

We require that you read and sign each of the agreements below:

Medical Emergency Agreement

In the event of any emergency where the nominated emergency contact people are unavailable:

1. I authorise the leaders to obtain medical advice and/or assistance which they deem necessary
2. I accept the responsibility for payment and agree to pay medical, transport and any other related expenses
3. I confirm that the information contained in this document is true and correct
4. I agree to inform the leader of any change to these details

Parent/Guardian Name: _____

Signature: _____

Date: _____

Behaviour Agreement

At Rivers Youth we want each of the youth and leaders to feel safe and respected. We value and aim to demonstrate respect for God, respect for each other and respect for each others' property. Any unsafe or unacceptable behaviour will lead to a child being warned and possibly moved away from an activity to ensure the safety of others or to avoid disruption to the enjoyment of the program for others.

In the event that the unsafe or unacceptable behaviour continues we may need to contact you for immediate pickup of your child from the program.

Do you understand and agree to behaviour expectations stated above? Yes / No

Parent/Guardian Name: _____

Signature: _____

Date: _____

Use of Images/Video Agreement

Rivers Baptist Church may wish to use images/video of youth from Rivers Youth for future promotional use within the Church and/or to be distributed on promotional material. Images/video may also be uploaded to the Rivers Youth Facebook page (our page is a closed group and can only be viewed by approved users).

Do you give permission for your child to appear in such images? Yes / No

Parent/Guardian Name: _____

Signature: _____

Date: _____