



## 2018 REGISTRATION FORM

It is a condition of attendance at Ignite that a completed Registration Form is received at the beginning of each New Year or on the first night that a child attends the program.

### **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

### **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: \_\_\_\_\_

### **Private Health Insurance** (if applicable)

Insurance Provider: \_\_\_\_\_

Membership Number: \_\_\_\_\_

### **Medicare Details**

Medicare Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

### **Medication**

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

If yes, please provide details: \_\_\_\_\_

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

### **Background Information**

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

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

If yes, please provide details: \_\_\_\_\_



**Medical Conditions**

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: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Allergies**

Does your child have any known allergies? Yes / No

If yes, please provide details: \_\_\_\_\_

**Dietary Requirements**

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

If yes, please provide details: \_\_\_\_\_

**Emergency Contact Details**

#1 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone: \_\_\_\_\_

#2 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone: \_\_\_\_\_



## **AGREEMENT FORM**

### **Behaviour Agreement**

At Ignite we want each of the children and leaders to feel safe and respected. We value and demonstrate respect for God, respect for each other and respect for each other's 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 activity. 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.

Personal electronic devices and mobile phones are not allowed at Ignite. If children bring a mobile phone with them, we will ask you to look after it, or you could sign it in and out from us at the beginning and the end of the program. These devices will be stored in a locked room for the duration of the program and returned at the end of the night upon being signed out by a parent/guardian.

If children are found to have an electronic device or mobile phone in their possession during the program, we will ask that they give it to a leader immediately to be stored until they are signed out at the end of the night.

Ignite is a drug and alcohol-free program. If any child is suspected of being under the influence of drugs or alcohol or in possession of illegal substances, we will contact you as the parent/guardian to immediately collect your child and we may need to contact police for further investigation.

Do you understand and agree to the 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 children from Ignite for future promotional use within the Church and/or to be distributed on promotional material.

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

Parent/Guardian Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_