

Casino Presbyterian Church Youth Group Registration Form

CHILD 1 Name: _____ DOB: ___/___/___

School & Grade: _____

Child's EMAIL: _____

Child's MOBILE # _____

Allergies _____

Asthma? Yes / No **Any self-administered medications to be taken?** Yes / No

Other relevant medical information _____

CHILD 2 Name: _____ DOB: ___/___/___

School & Grade: _____

Child's EMAIL: _____

Child's MOBILE # _____

Allergies _____

Asthma? Yes / No **Any self-administered medications to be taken?** Yes / No

Other relevant medical information _____

CHILD 3 Name: _____ DOB: ___/___/___

School & Grade: _____

Child's EMAIL: _____

Child's MOBILE # _____

Allergies _____

Asthma? Yes / No **Any self-administered medications to be taken?** Yes / No

Other relevant medical information _____

DON'T FORGET TO FILL IN THE OTHER SIDE TOO!



PRIVACY NOTE: *Personal information collected is used only for purposes relating to the spiritual, pastoral, social, educational, and administrative functions of the youth group. Personal information will not be used for any other purpose.*

TICK ANY THAT APPLY

I give permission for my child/ren to be transported by any of the leaders between events, to the child/ren's home or in the case of emergency.

I consent to my child/ren being contacted via their:

Home telephone Mobile (leaders will communicate as much as possible via SMS e.g. reminders of upcoming events)

Email

I consent to my child/ren's photo or video being taken during youth group, for use within the program and the church in general.

Parent/Carer Details

Name: _____ Mobile #: _____

Name: _____ Mobile #: _____

Home phone #: _____

Home Address: _____

Postal Address: _____

Emergency Contact Details (Who should we call if we *can't* reach a parent / carer?)

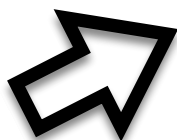
Name: _____

Relationship to child/ren: _____

Phone Number: _____

SIGNATURE

Parent / Carer: _____ Date: ____ / ____ / ____



IMPORTANT! MUST BE SIGNED BY A PARENT / GUARDIAN!