

RELEVATE YOUTH ENROLMENT FORM 2019

Students personal contact details

Given Name _____ Surname _____
Date of birth ____/____/____ Gender Male Female
School _____ Grade 7 8 9 10 11 12
Postal Address _____
Suburb _____ Postcode _____
Student Mobile _____ Home Number (____) _____
Medicare No: _____ Position No: _____
Student email _____

Parent or Guardian

Full Name _____
Relationship (to the student) _____
Home Number (____) _____ Mobile _____
Email _____

In the case of an emergency, please provide an **additional** contact person

Full Name _____ Contact Number _____

Medical Information

Are there any family, behavioural or medical conditions which require special attention we should know about? e.g. hearing, sight or other impairment, ADD or ADHD, court orders or custody issues or any other

If YES please provide details on a separate page and attach.

Please indicate if any of the following apply to your child, where necessary please note the details or attach a full explanation to this form.

Asthma	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diabetes	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Heart Problems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Ear Infections	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Migraines	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Epilepsy/Fits	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fainting/Dizziness	<input type="checkbox"/> Yes	<input type="checkbox"/> No
ADD/ADHD	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Special Dietary Requirements	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Allergy – foods	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Allergy – other	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Drug reactions (e.g. Penicillin allergy)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Travel Sickness	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any restrictions on activities	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Can your child be given Panadol/Nurofen	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Date of last Tetanus booster ____/____/____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will your child need to take medication while at youth camp?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

(If yes to any of the above please complete details on a separate page and attach to this form)

YOUR AGREEMENT WITH RELEVATE YOUTH

I am aware in signing this document for my child's participation at Relevate Youth (Heritage Christian Centre) that certain elements of the program could be physically and spiritually challenging. Furthermore, I understand that certain inherent risks and dangers may exist in the activities in which my child will be participating.

I acknowledge that Relevate Youth will not be liable for any loss or injury or damages that may be suffered by my child, and which arise either directly or indirectly from, or in connection with various activities, camps, trips and conferences.

I hereby agree to indemnify Relevate Youth, including but not limited to its volunteers, employees and authorised officers, against any and all claims arising from, or in connection with, any loss or injury and/or damage that may be suffered by my child, or that my child may cause to another person; and/or any loss or damage to property, equipment or personal effect belonging to my child, or any other person, arising either directly or indirectly out of or in connection with various activities, camps, trips and conferences.

I acknowledge that while Relevate Youth and its leaders will make every reasonable effort to minimise exposure to known risks, all hazards and dangers associated with these activities cannot be foreseen or may be beyond the control of Relevate Youth, its leaders and staff. In the event of an emergency where my nominated contact people are unavailable:

- I authorise the leaders to obtain medical advice and/or assistance which they deem necessary.
- I further authorise qualified practitioners to administer anaesthetic if required.
- I accept all necessary medical procedures as deemed appropriate by the consulting medical practitioner.
- I accept the responsibility for payment and agree to pay medical, transport and any other related expenses.
- I confirm that the information contained in this application is true and correct.
- I agree to inform the leadership of Relevate Youth of any change to these details.
- I authorise the leaders to take and use appropriate video and/or photographs taken at Relevate Youth to promote future events.
- I authorise transportation of my child in a leader's car to and from offsite activities as required.
- I consent to a leader continuing appropriate contact with my child outside of regular program times for the purpose of the ministry (including but not limited to Facebook and other such social media sites).
- I understand that the leaders and volunteers will take all responsible care of my child whilst at Relevate Youth and that Heritage Christian Centre or its representatives will not be liable in any injury or accident, or **for damage and loss of property**.
- I understand that in the cases of unacceptable behaviour, students will be sent home and may be suspended from attending for a period of time at the discretion of the Youth Pastor.

Name of Parent/Guardian _____

Signature of Parent/Guardian _____

Date ___/___/___