



# Cairns Baptist Church

Evangelising | Establishing | Equipping | Encouraging

Date .... / .... / ....
Number # .....
Processed By .....
Received Ministry Head .....
Recorded .... / .... / ....

## Program Registration Form: Children / Youth Ministry

### Children's Details:

Name	Gender	DOB	Grade	Number on Medicare card	School
1.					
2.					
3.					
4.					

Participants Mobile Number: 1. .... 2. .... 3. .... 4. ....

Participants Email: 1. \_\_\_\_\_  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_  
 4. \_\_\_\_\_

### Parent / Guardian Contact Details:

NAME: ..... RELATIONSHIP TO CHILD .....

CONTACT: HOME ..... MOB ..... EMAIL .....

ADDRESS: ..... MAILING: .....

OTHER ADULTS THAT MAY COLLECT YOUR CHILD .....

### Medical Information:

Are there any family, behavioral or medical conditions which require special attention we should know about, e.g. Hearing, Sight, or other impairment, ADD or ADHD, Asthma, Diet, Allergic Reactions, Court orders, custody issues.

.....  
 .....

Can your child(ren) swim: **NO / FAIR / WELL**      Can your child(ren) be given Panadol: **YES / NO**

Date of last Tetanus booster .... / .... / ....      Medicare Number ..... EXP .....

Alternate Emergency Contact: NAME ..... NUMBER .....

RELATIONSHIP .....

Which program are they attending? Kids Church  BeanBag  Youth  Mini Church   
 Other  .....

Which Church do you normally attend .....

## Our commitment to you

Cairns Baptist Church is committed to the safety and holistic wellbeing of all children and young people involved on our events. To ensure that children and young people are kept safe from harm, our staff and volunteers are required to possess a current blue card; agree to adhere to a code of conduct when working with children; and undergo training in child safety. Cairns Baptist Church takes child protection and safety seriously and consequently has policies and procedures in place to ensure that your child has the best possible experience with us.

Do you consent to appropriate use by Cairns Baptist Church of photographs taken on the program that include your child? Yes  No

Do you consent to appropriate use by Cairns Baptist Church of video footage taken on the program that includes your child? Yes  No

Do you consent to your child travelling in a leader's car? Yes  No

## Your privacy

Protecting your privacy is important to us. The information we seek allows us to manage risk, provide reasonable care and administrate your involvement in our program. We are careful to keep your information confidential, and provide it only to those agents acting on behalf of Cairns Baptist Church who need it to enable them to perform their agreed activities (e.g. First Aid officer). We will not use your information for other purposes. You are welcome to contact our office in relation to issues regarding your personal information. We only ask for information that is necessary for the purposes outlined in this statement. In some circumstances if you don't provide us with all requested information you could miss the opportunity to be involved in our program.

### **Your Agreement With Cairns Baptist Church**

I am aware in signing this document for my child's participation this program that certain elements of the program could be physically and emotionally demanding. Furthermore, I understand that certain inherent risks and dangers may exist in the activities in which my child will be participating. I acknowledge that while Cairns Baptist Church and its leaders will make every reasonable effort to minimize exposure to known risks, all hazards and dangers associated with these activities cannot be foreseen or may be beyond the control of Cairns Baptist Church, its leaders and staff. In the event of any emergency where my nominated contact people are unavailable:

· I authorize 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 operation, blood transfusion and/or anaesthetic risks involved in the event that such procedures are deemed necessary. · 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 leader of any change to these details.

I understand that the leaders will take all responsible care of my child and that Cairns Baptist Church or its representatives will not be liable in any injury or accident, or for damage or loss of property. I give my consent for and agree to pay for any necessary medical treatment. I understand that in cases of unacceptable behavior, children will be sent home.

..... Name of Parent/Guardian

..... Signature of Parent/Guardian ...../...../..... Date