



PO Box 5236, Lyneham ACT 2602 (02) 6247 4409

Children & Youth Ministries Registration Form

Dear Parents/Caregivers,

In order to maintain our own records and ensure we have all the necessary information to provide the best care for your child please complete the following form.

The information you provide to us will not be forwarded to any third party and is kept in accordance with the Crossroads Privacy Policy, a copy of which may be found at www.crossroads.asn.au/privacy-policy.

Family Details

Registration forms are to be completed for each family, and apply to all regular activities throughout the year. For all additional programs offered by Crossroads, such as camps or one-off events you will be given a brief permission slip which will allow us to use the information as provided on this form without you having to complete it again.

Medical Information

To assist us in providing for the general medical needs of your child or in the case of an incident occurring during one of our programs, please detail below any special needs, health conditions, allergies (including food) for each of your children. If there is insufficient room please provide additional information on a separate sheet attached to these. "Individual Medicare Number" as listed per each child's individual information refers to their individual number on the card.

Photographs/Video Recordings

During the course of our activities in Crossroads Children's and Youth Programs there will be times when leaders would like to take photographs or video clips of your child as a record of our activities or as part of our activities relating to these specific programs. If you are not happy for this to take place please indicate this by ticking the box. If you have any further questions or concerns regarding photo or video footage please speak to your program coordinator or Steve Prior.

Additional pick-ups

For some programs, such as Girls/Boys Clubs and Crossfire some people choose to carpool. Please advise the names of any people, other than yourselves, who will ordinarily be taking your children home from programs.

Tick a Box

Please indicate which programs you would expect each child to be involved in through the year.

Family Details

Surname:

Street Address:

Suburb:..... Postcode:

Home Phone:..... email:.....

Parent's/Caregiver 1 Name(s):..... Mobile.....

Parent's/Caregiver 2 Name(s):..... Mobile.....

Emergency Contact:

Name	Phone Number	Relationship
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Medicare Card Number:.....

Additional Pick-Ups:.....

Please read carefully:

I acknowledge that my child participates in the children's and youth activities at Crossroads at his/her own risk. I understand that the church will take reasonable steps to provide a safe environment for my child and to ensure that all equipment supplied by them is of a reasonable standard.

I acknowledge that the church will not be liable for any injury that may be suffered by my child, which arises either directly or indirectly from, or in connection with, the children's and youth activities organized by Crossroads.

I hereby agree to indemnify the church against any and all claims arising from, or in connection with, any injury that may be suffered by my child, or that my child may cause to another person, as well as any loss or damage to property, equipment or personal effects belonging to my child, or any other person, arising either directly or indirectly out of or in connection with the children's and youth activities organized by Crossroads.

In the case of my child requiring medical treatment or in the case of a medical emergency, I consent to the Crossroads leaders providing first aid or treatment as outlined in an emergency treatment plan (attached if applicable). I authorise the leaders, where it is impractical to communicate with me, to arrange for him/her to receive such medical or surgical treatment as may be deemed necessary. I also undertake to pay any costs which may be incurred for the medical treatment, ambulance transport and drugs.

.....
Name of Parent/Caregiver

.....
Signature

.....
Date

Child #1

Name:..... Sex: M/F

Date of Birth: / / Individual Medicare Number:.....

School Year: Name of School:.....

Medical Information:.....

.....
Photographs may **not** be taken of my child as per the provisions on the coversheet

Crèche Kingdom Kids Girls Club Boyz Xone Crossfire Holiday Kids Club

Child #2

Name:..... Sex: M/F

Date of Birth: / / Individual Medicare Number:.....

School Year: Name of School:.....

Medical Information:.....

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Photographs may **not** be taken of my child as per the provisions on the coversheet

Crèche Kingdom Kids Girls Club Boyz Xone Crossfire Holiday Kids Club

Child #3

Name:..... Sex: M/F

Date of Birth: / / Individual Medicare Number:.....

School Year: Name of School:.....

Medical Information:.....

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Photographs may **not** be taken of my child as per the provisions on the coversheet

Crèche Kingdom Kids Girls Club Boyz Xone Crossfire Holiday Kids Club

Child #4

Name:..... Sex: M/F

Date of Birth: / / Individual Medicare Number:.....

School Year: Name of School:.....

Medical Information:.....

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Photographs may **not** be taken of my child as per the provisions on the coversheet

Crèche Kingdom Kids Girls Club Boyz Xone Crossfire Holiday Kids Club

Child #5

Name:..... Sex: M/F

Date of Birth: / / Individual Medicare Number:.....

School Year: Name of School:.....

Medical Information:.....

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Photographs may **not** be taken of my child as per the provisions on the coversheet

Crèche Kingdom Kids Girls Club Boyz Xone Crossfire Holiday Kids Club

Child #6

Name:..... Sex: M/F

Date of Birth: / / Individual Medicare Number:.....

School Year: Name of School:.....

Medical Information:.....

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Photographs may **not** be taken of my child as per the provisions on the coversheet

Crèche Kingdom Kids Girls Club Boyz Xone Crossfire Holiday Kids Club