

Youth Registration and Information Form

This registration and information form is to be completed by the parents of all persons who wish to come to and participate in the youth ministry programs at Ringwood Church of Christ. The purpose of this form is to assist the church in providing a safe, secure and happy environment for all the youth in our care and to ensure we provide the highest possible standard of leadership.

All information you provide will be treated with the utmost confidentiality in accordance with the Ringwood Church of Christ Privacy Policy.

PLEASE NOTIFY US OF ANY CHANGES.

Personal Information

Full Name:			
Date Of Birth:			
Home Address:			
Phone:	Home	Mobile - (Child)	Mobile - (Parent)
Email (Child):			
Email (Parent/Family):			
School:	School Name:	Year Level:	
Mother/Guardian:	Name:		
	Address (if different):		
	Phone (if different):		
Father/Guardian:	Name:		
	Address (if different):		
	Phone (if different):		
Emergency Contact:	Name:		
	Address:		
	Contact Phone Number/s:		
	Relationship to child:		

Health / Medical Information

Please complete the following information as accurately as possible. This information will assist leaders and carers in the event of an accident or emergency.

Family doctor / medical service:	
Doctor / medical service phone number:	
Medicare number:	
Private health policy number:	
Ambulance Membership details: (Family name, member no., and renewal date).	
Date of latest tetanus immunization:	

Health / Medical Information (Continued)

Does your child have any medical / behavioral conditions that we need to be aware of?

Diabetes?	YES	NO
Epilepsy?	YES	NO
Asthma?	YES	NO
Allergy / Sensitivity?	YES	NO
Heart condition?	YES	NO
Infectious disease?	YES	NO
Allergies to any food or drugs?	YES	NO
Other? (Please provide details)	YES	NO

If yes, please provide details of symptoms and management procedures:

In the case of an emergency or extreme circumstances is there any medication that you give consent to the leaders to responsibly administer? (If yes please specifically nominate medication, dosage, rates of administration and any other instructions that may be relevant):

Please attach any other information that you would like us to know, to help care for your child.

Consent

I/we consent to this child participating in the activities of Ringwood Church of Christ youth ministry. I/we consent the leaders acquiring for this child medical services necessary in the event of an emergency; I agree to pay all associated medical expenses incurred on behalf of this child.

Name: _____

Signature: _____ Date: _____

Please tick this box if you **DO NOT** wish your child's image to be published in any print, photographic, video, web or other media (including the Ringwood Church of Christ website www.ringwoodchurch.org.au)