

It will be great to see your child join in the activities of **180 Youth**. In order for us to provide the best level of care while your child is under our supervision, we require that you fill out and return the participation form below. This form only needs to be filled out once per family. The information provided below will be treated confidentially within our team. If you find that you have any questions about this form, please contact the Central Church Ipswich Office:

**Phone:** (07) 3413 1050

**Email:** office@central church.net.au.

**DETAILS OF THE PARENT/GUARDIAN & EMERGENCY CONTACTS:**

**Parent or Guardian filling out this form:**

Name:  Surname:

Mobile Number:  Home Number:

Email:

House Address:

Relationship to Child/ren

Please nominate the names and phone numbers where you, a family member or another trusted adult might be contacted during the course of the program in case of an emergency.

**Emergency Contact No.1:**

Name:  Contact Number:

**Emergency Contact No.2:**

Name:  Contact Number:

**PARTICIPANT DETAILS:**

Child's Given name:	Surname:	Date of Birth:	Gender:
<input type="text"/>	<input type="text"/>	/ /	Male / Female
<input type="text"/>	<input type="text"/>	/ /	Male / Female
<input type="text"/>	<input type="text"/>	/ /	Male / Female
<input type="text"/>	<input type="text"/>	/ /	Male / Female
<input type="text"/>	<input type="text"/>	/ /	Male / Female

**MEDICAL DETAILS:**

Are there any medical or psychological conditions that require special attention that we should know about, e.g. medications, diabetes, asthma, allergy to bee-sting, other allergies including food, hearing or sight impairment, ADHD, behaviour issues, formal counselling situations, or any other? Please list them below and to which child you are referring to if you are listing more than one child on this form. In the event of an incident happening, these details will help us provide correct information to first aid and emergency service workers.

Child's name:

Medical Details:


**YOUR AGREEMENT WITH US:**

I understand that although the leaders will take all reasonable care to ensure the comfort and safety of my child/ren, there is still a risk that an accident may occur. I understand that in the event of an accident, the leaders will undertake all reasonable emergency care, including seeking ambulance and professional medical treatment. I also agree that photographic images (still and video) of my child/ren may be taken and used by Central Church for the bona fide purposes of Central Church and related **180 Youth** purposes. Should I decide that I do not wish my child/ren's photographic image to be used by Central Church, I will complete the 'Removal of Photographic Consent' form and provide this to the leaders.

By signing below, you certify that all of the information you have provided is correct and you understand your agreement with us as set out above. If you do not sign below, your child/ren will not be able to attend and participate in **180 Youth** until such time as this form is signed.

Name:  Signature:  Date:  /  /