



Protecting Your Privacy

Protecting your privacy is important to us. The information we seek allows us to manage risk, provide reasonable care and administer your involvement in our program. We are careful to keep your information confidential, and provide it only to those agents acting on behalf of the organisation who need it to enable them to perform their agreed activities (e.g. the First-Aider-In-Charge). You are welcome to contact our office in relation to issues regarding your personal information.

-----Friday----- -----Sunday-----
Extreme Unleashed Kidzone Deep Other: _____
(Grade 3 - 6) (Grade 7 - 12) (3 yr old - Grade 6) (Grade 7 -12)

Personal Details

Parent/Carer 1 _____ Mobile _____
Parent/Carer 2 _____ Mobile _____
Address _____
Suburb _____ Post Code _____
Home Phone _____ Email _____

Child's First / Last Name	Sex	Date of Birth
Child 1 _____ Ministry Extreme Unleashed Kidzone DEEP (Please circle)	Male Female	_____
Child 2 _____ Ministry Extreme Unleashed Kidzone DEEP (Please circle)	Male Female	_____
Child 3 _____ Ministry Extreme Unleashed Kidzone DEEP (Please circle)	Male Female	_____
Child 4 _____ Ministry Extreme Unleashed Kidzone DEEP (Please circle)	Male Female	_____

Medical Information

Do any of your children experience the following? (If Yes, please tick the box)
Child 1 Child 2 Child 3 Child 4
Dietary requirements (please specify in notes)
Allergies (please specify in notes)
EpiPen required (please supply management plan)
Physical or special needs (please specify in notes)
Other (please specify in notes)
Notes:

Are there any conditions which require special consideration that we should know about, e.g. custody issues, hearing or sight impairment, behavioural issues, formal counselling situations, or any other?

Important: Please note that in regards to non-prescription medications such as paracetamol (e.g. Panadol), it is our policy that leaders do not provide these medications.

Will your child need to take any tablets or other medication during the course of the program? Yes No
If yes, please give details:

Has your child been taken off medication recently? *If yes, please give details:*

Emergency Contact Details – Persons Other than a Parent

Name	Relationship	Telephone	Mobile
_____	_____	_____	_____
_____	_____	_____	_____

Consent

Yes No Do you consent to receiving information regarding other upcoming North Pine Baptist Church (NPBC) children and family events?

Yes No I give permission for photos taken at NPBC events to be used for publicity such as church newsletters, church website, church Facebook accounts and other promotional activities.

Yes No I have provided all relevant and vital information personal and or medical that may be of benefit whilst my child attends NPBC events and agree to inform NPBC of any change to these details.

Yes No I am aware, in signing this document regarding 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.

In the event of any emergency I authorise the leaders to obtain medical advice and/or assistance which they deem necessary. I accept the responsibility for payment and agree to pay medical, transport and any other related expenses.

Name of Caregiver

Signature of Caregiver

Date

If other than a parent or guardian, please indicate relationship to child: _____