



OrmondAnglicanChurch

'Passing on the love of Jesus to the next generation'

Children's Activities Registration Form

(Please tick all applicable)

☐ GLUE SAndWICH
☐ BASIC Youth
☐ CEBS

☐ Girl's Group
☐ Kids Club/
Holiday Club

☐ Playtime
☐ Countdown/
After School Club

Family Name: _____

Child: First Name

Birthdate

School/Grade

Date of
Last Tetanus
Immunisation

Parent/Guardian's Names: _____

Address: _____

Suburb: _____

Postcode: _____

Phone No: _____

Mobile: _____

Email Address: _____

Emergency Contact

Name: _____

Relationship to participant: _____

Phone Number (s): _____

Doctor/Health Contact

Name of family doctor: _____

Phone: _____

Address: _____

Medicare No: _____

Health Care Card No: _____

Medical/Hospital Fund: _____

Membership No: _____

Are you an ambulance subscriber? _____

Membership No: _____

OrmondAnglicanChurch meets @ 9.00am, 10.45am & 5.00pm each Sunday
✉ 436 North Rd, Ormond 3204 ☎ 03 9578 1417
& at the Chapel of St Mark (709-723 Hawthorn Rd) on Wednesdays @ 10:30am
Email: office@ormondanglican.org.au www.ormondanglican.org.au ABN 67 639 399 297

Are there any medical conditions or food allergies the leaders need to be aware of
(e.g. ☐ Diabetes; ☐ Asthma; ☐ ADHD; ☐ Travel Sickness; ☐ Epilepsy; ☐ Allergies;
☐ Other – please specify child's name & condition):

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Will the participant have any medication?

If yes please attach details (tablets, injections, dosage)

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Who is to administer the medication? Child/Leader/Other

Does the participant have any special food requirements?

If yes please give details:

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Permissions:

I consent to my child's participation in the activities I have indicated above. I will encourage my child to participate and cooperate with the leaders and other participants.

I have read the Ormond Anglican Behavioural Policy for Children's Activities and accept that behavioural issues will be managed in accordance with the policy.

*I **do/do not** give permission for my child to participate in activities outside offsite.*

*I **do/do not** give permission for my child to be transported in private cars arranged by the leaders of the above group.*

I authorise the leaders in charge of any activity conducted by Ormond Anglican Church in Ormond, to consent on my behalf, where it is impractical to communicate with me for my child to receive medical or surgical treatment as may be deemed necessary. I am also responsible for the cost of any medical treatment deemed necessary.

*I understand there may be photographs and video footage taken of my child during activities and am willing for my child to be filmed in appropriate settings. I **am/am not** willing for these photos or footage to be used within Ormond Anglican to promote the ministry in a way that does not identify their name or details. I **accept/do not accept** that photographs may be published in the news sheet and on Ormond Anglican website. My child is also willing for this to take place.*

Names of people allowed to collect my child in the event that I am unable:

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Signed: _____
(Parent/Guardian)

Date: ____/____/____

Please return this form to the group leader or one of the staff. Thank you.