

St John's Kids

Registration Form – 2019

(Please complete a form for each child in your family)

Participants Family Name: _____ **Given Name:** _____

Date of Birth: _____ Age: _____ School Year: _____

School/Pre School Attending: _____

Name of Parents or Guardians: _____

Phone: _____ Mobile: _____

Address: _____

Postcode: _____ Email: _____

Emergency Contact: (other than parent)

Name: _____

Relationship to Participant: _____

Address: _____

Phone: _____ Mobile: _____

Are there any medical conditions the leaders need to be aware of eg. Diabetes, Asthma, ADHD,
 Epilepsy, Allergies, Other – please specify:

(Please discuss any special concerns or action plan to be followed in an emergency with a leader at the time of registration)

Does the participant have any special food requirements?

If yes, please give details

Any further comments:

Permission:

I consent to my child's participation in the St John's Kids activities on Sundays and any extra activities for which I have received notification.

I will encourage my child to participate in the programmed activities and to cooperate with the leaders and other participants.

I consent to photos/video being taken of my child by the St John's Kids team, for use in the program and other St John's activities, in both digital and non-digital forms. Names of children will not be published in conjunction with any photos/video.

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

If a person other than the parent or authorised persons named above is to collect the child on a particular day, permission must be given by the parent/guardian on the day.

Signed: _____

Date: _____

(Parent/Guardian)
