



Gordon Baptist Church

Cnr Park Avenue & Garden Square, Gordon NSW 2072

Ph: 9418 1148 Email: gordonbc@tpg.com.au

www.gordonbaptist.org.au



MAINLY MUSIC GORDON REGISTRATION FORM 2017

ONE FORM PER CHILD, PLEASE

PERSONAL INFORMATION

Family Name: Child's Given Name:

Date of Birth: / / M / F (please circle)

Parents/Guardians:

Address:

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Phone (Home): (Work):

Mobile: Email:

Child's Caregiver for *Mainly Music* (where other than Parent/Guardian above):

Name: Relationship:

Mobile: Email:

MEDICAL INFORMATION

Health and Fitness Aspects which may require special attention (including allergies, asthma, diabetes, medication etc.):

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Special Dietary Requirements:

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Any other information that may assist us in caring for your child:

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The following questions in this MEDICAL INFORMATION section relate to the unusual circumstance of the parent/guardian or caregiver not being present in the church building –

I give permission for my child to receive such first aid treatment as the leader of the programme may deem necessary.

Yes No

Additional Emergency Contact Person/s:

Name:

Relationship to child:

Telephone number/s:

Name:

Relationship to child:

Telephone number/s:

In the case of an emergency, where no contact person can be reached, I give permission for the use of an ambulance and/or the administration of anaesthetic by a qualified medical practitioner if in his/her judgement anaesthetic is necessary.

Yes No

I accept responsibility for payment of all expenses associated with such treatment.

Yes No

Medicare Number:

Health Fund: Membership Number:

OTHER INFORMATION

I give permission for photos and/or video to be taken of my child on the understanding that the images will not be used for external publicity or advertising purposes.

Yes No

I give permission for photographs of my child (without name) to be displayed on noticeboards in the church and/or to be used in church publications e.g. slide presentations, reports, newsletters.

Yes No

I give permission for my child to participate in offsite activities where they are within reasonable walking distance of the church.

Yes No

Name (please print): Signature:

Relationship to Child:

Date:/...../.....