

Coastal Youth

REGISTRATION

Area of ministry child will be registered in: Coastal Youth		
Child -YP's personal details:		
First Name:	Last Name:	M F
Preferred Name:	D.O.B. / /	Phone:
Address:		Mobile:
Suburb:	Postcode:	Email:
Medical Details: Does your child have any of the following? Please provide any health management plans		
Allergies (e.g., bee stings, penicillin, aspirin):		
Dietary requirements (e.g., Lactose, gluten and/or sugar intolerant):		
Other relevant medical information (e.g., Asthma, Diabetes, Anaphylaxis, Migraines, ADHD, ASD, Speech):		
If Asthma – has it required hospitalization in the past?	Yes No	Details: Is there an Asthma Management Plan? Yes. No Attach Asthma Management Plan if applicable
Has hospitalisation for Anaphylaxis been required in the past?	Yes No	Details: Is there an Anaphylaxis Plan? Yes. No If yes, please attach
Are there self-administered medications that may be taken? Medication administration details:		
Is there a Medical Health Plan? Yes. No. Attach Medical Health Plan if applicable.		
What was the year of your child's last tetanus injection?		Medicare number:
Emergency Contact		
Details		
	Contact 1	Contact 2
Contact Name		
Relationship to child		
Phone number		
Mobile phone number		
<p><i>I/We understand that every effort will be made to provide a safe environment for my/our child to participate in. However, in the event of an emergency I/we authorise the leaders to obtain at my/our expense, any medical, ambulance or similar services that are considered necessary by the leaders.</i></p>		

Child -Youth pick up	Please respond to the following	
<input type="checkbox"/> I/We ask give permission for my/our child to sign themselves in and out of youth/ youth activities. OR <input type="checkbox"/> I/We ask that my/our child be signed in and collected from youth/ youth activities only by the following people, unless I/we notify you of prior arrangements that have been made.		
Name:	Contact No.	
Name:	Contact No.	
Name:	Contact No.	
Child Safety Code of Conduct	<input type="checkbox"/> I/We have read and agree with Coastal Youth/ City Life Baptist Church's Child Safety Code of Conduct.	
Child's Conduct	<input type="checkbox"/> I/We recognise that being a part of our community involves mutual care and consideration and therefore agree that unacceptable behaviour may result in my/our child being returned to parents.	
Photography/ Media Release	<input type="checkbox"/> I/We give permission for my/our child to be photographed and the photos to be used in promotional material including advertising and social media by Coastal Youth and City Life Baptist Church. <input type="checkbox"/> I/We do not give permission for my/our child to be photographed	
Signature of parents/guardians		
Name:	Signature:	Date:
Name:	Signature:	Date: