



IMPACT Youth Group Registration Form

Welcome to the IMPACT youth group. Fill out both sides of this form and return to one of the youth leaders at the next youth group. **All participants MUST return a form to be able to attend Youth.**

For more information contact The Open Door office on
8555 2589.

1. Privacy

All information will be kept safe & private according to the Uniting Church of SA Privacy Act, and will only be accessed by authorised leaders as required.

2. Participants personal details

Surname:		Given Names:	
Gender: M F	Date of Birth: / /	School year level:	
Street Address:			
Suburb:		Postcode:	
Home Phone:		Student Mobile:	
School:			
Email:			

3. Parent/Caregiver Details

Surname (Contact 1):	Surname (Contact 2):
Given Name:	Given Name:
Home Phone:	Home Phone:
Mobile:	Mobile:
Email address (Contact 1):	
Email address (Contact 2):	

4. Permissions

I give permission for IMPACT Youth to...

1. Keep your details to contact you about future youth events? Yes No
2. Take photos of our events, which may include your child and post on Facebook & Instagram?
 Yes No
3. I give permission for youth leaders to contact your child on our social media sites, by text message and email in accordance with the Uniting Church of SA Media Policy.
 Yes No

Please give details of any person/s not permitted to contact or collect your child while in the care of the IMPACT youth group leaders:

5. Medical Information

Are there any conditions which the IMPACT Youth Team should be aware of regarding the health and wellbeing of your child (eg. Asthma, allergies, convulsive seizures, diabetic etc.) If so please indicate (or use a separate sheet if needed)

Please specify any special care/treatments required:

Please give any details of any medication current taken:

Please ensure that if your child needs to take medication during the time that they are at youth, that they bring any medication clearly labelled with name and directions of use.

Date of last tetanus immunisation:	Medicare number:
Private Health Insurance Fund:	Member number:
Ambulance cover details – Membership Number: I acknowledge that if necessary for your child, an ambulance will be called. Tick <input type="checkbox"/>	
Dietary Requirements (including food allergies): <input type="checkbox"/> Vegetarian <input type="checkbox"/> Vegan <input type="checkbox"/> Lactose Intolerant <input type="checkbox"/> Gluten Free <input type="checkbox"/> Other:	

6. Consent

As the parent/primary caregiver of _____

- ✦ I give consent for him/her to take part in activities organised by the leaders of IMPACT Youth.
- ✦ While I am aware that the youth group leaders will take all due care, I recognise that accidents may occur. The leaders have my authority to take whatever action they think necessary to ensure the safety of my child.
- ✦ If my child becomes ill or is accidentally injured, I agree that the youth group leaders may obtain on my behalf whatever medical treatment my child requires. I will pay all such medical expenses.
- ✦ I acknowledge that the Goolwa Uniting Church and its representative leaders accept no liability for any personal injury or property loss or damage during youth group activities.

Signature (1):	Date:
Signature (2):	Date:

7. Emergency Contacts – If Parent/Carer cannot be reached

Name:	Relationship:	Phone:
Name:	Relationship:	Phone:
Name:	Relationship:	Phone: