



Frenchs Forest Catholic Parish



St Anthony's Kierans Creek Youth Landcare Group

Participant Registration Form

Activity	St Anthony's Kierans Creek Youth Landcare Group
Date	
Time	

PARENT/GUARDIAN NAME		CHILD(REN) NAME
I,	parent/guardian of	1.
		2.
		3.
		4.

Give;

1. permission for my child(ren) named above to participate in the activity described above
2. consent for my child(ren) to participate in all activities, arranged as part of this activity
3. consent for the organisers, by their servants or agents:
 - to seek such medical or dental advice on behalf of my child(ren) as seen fit in the event of accident or illness, and
 - if, in the opinion of an attending medical or dental practitioner or medical officer ('health practitioner') my child(ren) requires medical or dental attention or treatment (including but not limited to the administration of anaesthetic, blood transfusion or the performance of any surgical operation), to that health practitioner giving such attention or treatment provided that reasonable efforts are made to inform me of any serious injury or illness,
4. certification that the consent which I have given in paragraph 3 is valid at all times while my child(ren) is in the custody of the organisers while participating in the activity,
5. certification that I understand that the organisers will take reasonable care in the event of my child(ren) suffering accident or illness nor will they be directly responsible for the costs of any medical or dental attention or treatment administered to my child(ren) in such event nor will it be directly responsible for any act or omission of any health practitioner attending or treating my child(ren), and
6. certification that any food allergies or medical conditions relevant to my child(ren) have been declared below
7. certification that should my child(ren) require an EpiPen or any specialist care that I will provide such or arrange for a qualified person to accompany my child during this event

PLEASE TURN OVER 

8. Participant Medical Details

Medical Information	Yes or No			
	Child(ren)			
	1	2	3	4
A. Does your child(ren) suffer from asthma? Details:				
B. Does your child(ren) suffer any allergy/dietary requirements? Details:				
C. Does your child(ren) have any other condition, illness, disability and/or limitation that the organisers should be aware of? (eg. mental health illness, developmental delay, physical disability etc.) Details:				

9. I understand that the information I provide on this form will be handled in accordance with the Diocesan Privacy Policy and the Privacy Act 2001.

10. Photography:

- permission to authorise the supervising adults / volunteers to take photographs of my child while participating in the activities for the choir games
- permission to authorise the use of the above-mentioned photographs for media coverage of the Choir Games and promotional material for further child-related events

(Signature of parent/guardian)	Date

Contact details in case of accident or illness:	
Contact Name	
Relationship to participant	
Phone (home)	
Phone (mobile)	