

REFLECTOR

YOUTH GROUP

A Youth Group for anyone in years 7 to 11

2010 Youth Contact Details

Youth Bit:

Name: _____

Address: _____

_____ Post Code: _____

Date of Birth: _____ Age: _____

Your Home Phone: _____

You're Mobile Phone: _____

You're Email Address: _____

School: _____ Year: _____

Parent's/Guardian's Bit:

Parents/Guardians Names: _____

Emergency Contact Numbers: (Work) _____

(Mobile) _____

PARENTS CONSENT: *I, the undersigned, agree that the Elizabeth Church of Christ, the Elders and Youth Leaders, are to be free and clear of all responsibility whatsoever for any accident or illness during participation in any activity or travelling to any activity throughout the Youth Program. I acknowledge that I have read this leaflet carefully. I further authorise you in the event of any such accident or illness that you obtain such medical assistance or such surgical or anaesthetic procedures as may be required and I agree to any expenses attached thereto.*

I also give permission for photos/videos to be taken of my child at Reflector events which will be used solely for the use of Floodlight Youth Ministries. (If you do not give permission for this then please indicate in writing)

Parent/Guardian Signature _____

Medicare Number: _____

Private Health Fund Name & Membership Number _____

THE PRIVACY BIT: All information contained on this form is solely for the use of Floodlight Youth Ministries. It will not be used for canvassing or sales purposes. All Youth Leaders will abide by the Elizabeth Church of Christ Code of Ethics for Youth and Children Workers. Copies of this Policy are available by request.

Elizabeth Church of Christ