

REGISTRATION FORM

In the event of accident or illness, I/we authorise the Elevate leaders to consent, where it is impracticable to communicate with me/us, to my/our child receiving any medical attention deemed necessary by a licensed physician and/or surgeon. I/we also authorise the use of an ambulance service if, in the leaders' judgement, it is necessary. I/We also authorize to engage such treatment and agree to pay the appropriate fees for such service and treatment. I/We appreciate that every care will be taken by the leaders of the above-mentioned group and that the leaders and those connected with that group cannot be held responsible for personal injury, loss or theft of property affecting my child. I/We agree to meet the expense of my/our child being returned home either by a staff person or by collecting him/her personally. I/We understand that such an arrangement may be necessary on account of illness, injury, non-cooperation of any description on the part of my/our child or the inability of my/our child to meet the rigours and requirements of the activity, as deemed by the staff leader. I/We understand there will/may be photographs and/or video footage taken of my child during this activity and am willing for my child to be so photographed or filmed in appropriate settings. I am also willing for these photos or this footage to be used to promote the ministry in a way that does not identify their name or details. My child is also willing for this to take place. I/We understand that any cancellations in the 48 hours prior to departure will be non-refundable.

LOVE TEAMS CONSENT FOR 2018

Love Teams are groups of young people and leaders who provide practical assistance to families and individuals in the local area (North Shore) who are in a difficult season and in need of a hand. Our teams usually go out twice a term on a Saturday afternoons and assist with gardening, basic house maintenance and cleaning. We will not be going out on Love Teams on camp, but if you give consent to your child's involvement on this form they will be able to participate in 2018 during term time. This does not lock them into a team, it simply gives them the option should they choose to be involved in 2018.

I/We also give permission for my/our child to participate in any **Love Teams** afternoons that will take place in 2018.

I/We have read and understood the information in the permission form pertaining to JG2018: JOY .	Name:	Signature:	Relationship to Camper:	Love Teams? <input type="checkbox"/> YES <input type="checkbox"/> NO	Date:
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**REGO DUE
19 NOV**

**[EARLY BIRD
ENDS 5 NOV]**

STUDENT DETAILS

NAME		M / F
D.O.B	SCHOOL	YEAR IN 2018
STREET ADDRESS		
SUBURB	POSTCODE	
STUDENT EMAIL		
STUDENT MOBILE		

MEDICAL DETAILS

MEDICARE NUMBER	
CHILD #	EXPIRY
CAN PARACETAMOL BE ADMINISTERED IF DEEMED NECESSARY BY LEADERS?	
<input type="checkbox"/> YES	<input type="checkbox"/> NO
CAMPER'S SWIMMING ABILITY	
<input type="checkbox"/> PROFICIENT	
<input type="checkbox"/> NOT PROFICIENT	
<input type="checkbox"/> NON-SWIMMER	

COST

\$10 OFF
PER STUDENT
BEFORE NOV 5

1ST CHILD
\$385

2ND CHILD
\$330

3RD+ CHILD
\$280

MAIL WITH \$\$ TO
15 KING STREET
TURRAMURRA
NSW 2074

ONLINE CASH OR CHEQUES MADE OUT TO
ST JAMES ANGLICAN CHURCH TURRAMURRA

MEDICAL INFO [Any medical conditions, allergies, recent illness, operations, or any medications to be taken during camp]

DIETARY REQUIREMENTS

If your child has diagnosed anxiety/panic, depression, serious allergies, recent serious illness or other medical issues we may need to deal with, please ATTACH A SHEET to this form with clear instructions as to what we need to do for them. We will then contact you at a later stage to talk through any plans that might be in place.

PARENT/GUARDIAN DETAILS

NAME	NAME	HOME PHONE
MOBILE	MOBILE	
EMAIL	EMAIL [OPTIONAL]	

ONLINE REGO

www.elevate.org.au