



## Crossway Baptist Church Inc. Generational Ministry (G3) - Registration Form

	<b>ADULT'S FIRST NAME</b>	<b>ADULT'S LAST NAME</b>		
* Father	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	Mobile	<input style="width: 100%;" type="text"/>
* Mother	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	Mobile	<input style="width: 100%;" type="text"/>
<b>OR</b> * Guardian / others	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	Mobile	<input style="width: 100%;" type="text"/>
*Address	<input style="width: 100%;" type="text"/>		Suburb	<input style="width: 100%;" type="text"/>
			Post Code	<input style="width: 100%;" type="text"/>
* Home Phone	<input style="width: 100%;" type="text"/>	Preferred email	<input style="width: 100%;" type="text"/>	
		Alternate email	<input style="width: 100%;" type="text"/>	

	CHILD'S FIRST/LAST NAME	SEX	DATE OF BIRTH	GRADE/YR	SCHOOL
Child 1	<input style="width: 100%;" type="text"/>	M/F	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Child 2	<input style="width: 100%;" type="text"/>	M/F	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Child 3	<input style="width: 100%;" type="text"/>	M/F	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Child 4	<input style="width: 100%;" type="text"/>	M/F	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Child 5	<input style="width: 100%;" type="text"/>	M/F	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Do your children have any **allergies or medical conditions**: Yes  (Please give details over the page) No

**Medical Consent:**

If during any part of the children's program, medical attention is required by my child, Crossway contacts the guardian, provides appropriate first aid treatment, and stays with the child until the guardian collects them. The responsibility of care above and beyond this plan is my responsibility as the guardian. I will inform Crossway in writing of any changes to the above Medical Plan. I authorise the leader in charge to take such action as may be necessary, including the calling of an ambulance and treatment by paramedics and accept responsibility for payment of all expenses associated with such treatment.

\*SIGNATURE \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

**PARENT CONSENT**

Would you like to subscribe to Crossway G3 newsletters? Yes  No

1) Do you consent your child participating in G3 (Kidspace and Youth) related activities? (see Note 1 and 2 below) Yes<sup>1</sup>  No

2) Is there any person/s that is specifically not permitted to contact or collect your child and any Court order as such? (If Yes, please inform a Crossway G3 staff member) Yes  No

\*SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

<sup>1</sup> By consenting to your child participating in G3 activities, you agree to indemnify and hold harmless Crossway Baptist Church Inc. and its staff against all claims, demands (including costs), suits and liability for personal injury or damage to, or loss of, personal property incurred as a result of your child's participation in G3 activities.

<sup>2</sup> Crossway may from time to time record video or images of services and activities at Crossway. These videos and images of people attending or participating in these services and activities may be recorded, used and shown for information, ministry, teaching, fundraising and/or promotional purposes. By attending these services and activities, you agree and give consent to Crossway with regard to the video and images recording and using your child/children images in these recording for such purposes

**PLEASE RETURN COMPLETED FORM TO CROSSWAY STAFF/RECEPTION**

**Allergy or Medical Details**

Do any of your children suffer from any of the following? (if yes, please tick the box)

	Child 1	Child 2	Child 3	Child 4	Child 5
Heart condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blackouts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sleepwalking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Allergies (please specify below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Epipen required (please supply management plan)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical or special needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Allergy or medical notes:**

If there are any changes to the above in relation to your child's medical condition/needs, please notify a Crossway Staff member in writing.

**Privacy Statement:** Crossway Baptist Church respects your personal information and upholds your rights to privacy protection in accordance with the Crossway Privacy Policy (available at [www.crossway.org.au/legal](http://www.crossway.org.au/legal)) and the Australian privacy Principles contained in the *Privacy Act 1988*.

***For Office Use Only:***

Entered in system

Custody Plan Discussion performed?  or N/A

Follow-up

Allergies followed up?  or N/A

Admin signoff:

Comments: \_\_\_\_\_