



Youth & Children's Registration Form 2013

Please complete one form for each youth or child attending Friday Night OASIS, One Way Ticket or Sunday Morning OASIS, Souled Out and return to Aidan Carlsson or Margaret Archer.

Admin only

Basic Details

Child's Name

Child's Date of Birth

Child's Mob#

Child's E-mail

School details

Year School

Contact Details

Parent/Guardian Name/s

Home Address

Parent/Guardian Contact #

Parent/Guardian E-mail address

Emergency Details

Emergency Contact Name

Relationship to Child

Emergency Phone Number(s)

Special Needs

Does your child have any allergies, special dietary requirements or medical conditions we need to know about?

Approved People allowed to collect Child

Apart from guardians listed on this form please list those people who are allowed to collect the child from our activities.

Please list those people who **NOT** are allowed to collect the child from our Activities.

Consent

- I consent to my child's photo being taken or a video being taken in which my child appears for use within the activities and promotion of One Way Ticket, Souled Out or CrossRoads in general.
- I consent to a leader obtaining medical treatment in an emergency.

Signature

Parent / Carer's Signature

Date

Please sign and return to a leader.

All information provided will be kept strictly confidential. Details will only be accessible to appropriate leaders.

Friday Night Dinner 6pm (All welcome)

\$3 Dinner **per person** or \$10 **per Family**
\$1 Cans (on special occasions)

Any questions please contact Aidan Carlsson or Margaret Archer

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