

KIDS HOLIDAY CLUB



Child's Full Name: _____

Address: _____

Date of Birth: _____

Year at School: _____ School attending: _____

Parent's Name: _____

Phone Contact During Kids Club: _____

Emergency Contact: _____

Allergies and/or behavioural issues: _____

Medicare Number: _____ # on Card: _____
Health Fund Name & Number _____

Names of any person prohibited to make contact with child:

Photographic and Video Permission

I give permission for my child(ren) to be photographed or videoed for promotional purposes. *Please circle* Yes/No

Permission to contact via email? Yes/No

Email: _____

Days Attending -

Monday Tuesday Wednesday Thursday Friday

Privacy Statement

St John's Anglican Church ministry programs seek to assist and nurture children, youth and adults. You have the right to access the personal information we hold on you, with the exception of information gathered in relation to child protection issues. If you would like additional information about our approach to privacy or would like to access your personal information, you can contact our privacy compliance officer at the Church Office - Phone 4655 1675

Indemnity Form

1. I hereby release and discharge St John's Anglican Church, Camden and all associated with the Kid's Holiday Club from all liability and responsibility for injury, damages, illness or accident which may befall my child at any time they are in the care of St John's Anglican Church, Camden whether before or during the course of all activities.

2. I further undertake to indemnify St John's Anglican Church, Camden, each of its servants and agents and all associated with it from any actions, suits, claims, causes of action and demands brought against St John's Anglican Church, Camden and any associated with it by or on behalf of my child in respect of any accident in which they may be involved.

3. In the event of any accident or illness occurring to my child whilst in the care of St John's Anglican Church, I authorise you to obtain all reasonable medical and hospital treatment deemed necessary and I agree to pay all such medical, hospital and ambulance fees incurred. I further agree, that in the event of urgent surgical treatment by operation becoming necessary in the opinion of a qualified medical practitioner that you are authorised to have same performed and anaesthetic administered by a fully qualified medical practitioner. Further I agree to pay for any costs incurred by such treatment.

Signature of Parent/Guardian: _____

Name (in block letters): _____

Date: _____

