



Child's / Children's Name: _____

Address: _____

Email: _____

Parent/Guardian: _____

Contact Details: _____

Who will be signing the child / children in and out? _____

Are there any custody arrangements? **YES / NO**

If yes, please give details: _____

INDEMNITY

I, the undersigned, am willing that my Child participate in Kids Extreme 2018. I understand that the nature of the activities at the program will include, but may not be limited to sport, games, devotions, craft, communal eating and risks may arise during these activities. I hereby authorise the Leader in charge of Kids Extreme 2018, where it is impracticable to communicate with me for my child receiving medical or surgical treatment as the leader and qualified medical practitioner may deem necessary at any time. I further authorise the use of Ambulance and/or anaesthetic by a qualified medical practitioner if in his/her treatment. I understand that every effort will be made by the leader to contact me in the event of any illness or accident.

Parent / Guardian Signature _____ Date _____

PHOTO PERMISSION

Do you consent to appropriate use by Caboolture Baptist Church of photographs taken on the program that include your child? YES NO

PRIVACY STATEMENT

Personal information collected for Kids Extreme 2018 is only used or disclosed to authorised persons of the Caboolture Baptist Church for the purpose of holding Kids Extreme 2018.

ONCE YOUR REGISTRATION HAS BEEN PROCESSED YOU WILL RECEIVE AN EMAIL OUTLINING THE PROCESS TO LOGIN AND BOOK YOUR ELECTIVE SESSIONS

PAYMENT SECTION - OFFICE USE ONLY

Cost for two days (all inclusive): \$40 pp

None refundable due to catering cost

Number of Children attending: _____ Amount Enclosed: _____

Payment by : Cheque/ Cash / EFTPOS (*Made Payable to Caboolture Baptist Church)



The information below is requested to assist in case of illness or accident. This information will be held in confidence.

Child's Name: _____ Birth Date: _____

Parent / Guardian Name: _____

Contact Number (Home): _____ (Work) _____

Emergency Contact Person: _____ Phone: _____

1) Please circle if your child suffers from any of the following:

Blackouts Asthma Migraines Other (please specify) _____

2) Does your child have a medical condition or take any medication? If yes, please state the name of the condition, medication, dosage, side effects etc. _____

3) If your child uses asthmatic puffers/nebulisers do they need to be regulated/supervised by leaders/ First Aid Person? YES / NO _____

4) Please circle if your child is allergic to any of the following:

Penicillin Other (Including food) _____

Any other foods your child cannot eat? _____

5) Does your child suffer from any anxieties? Please circle: Homesickness Animal Heights

Other (please specify) _____

6) Is this the first time your child has been away from home without the company of a parent/guardian? YES /NO

Please indicate anything else we may need to know about: eg. Disability, wearing glasses, recent injuries / sickness, etc.

Medicare No: _____

Name of Family Doctor: _____ Phone: _____

I certify that the particulars given on this confidential medical report are complete and correct.

Parent/ Guardian Signature: _____ Date: _____

PLEASE COMPLETE IMMEDIATELY: Return Enrolment/ Medical Form and payment to:

Caboolture Baptist Church

Kids Extreme 2018

PO Box 974, Morayfield, QLD, 4506

Congratulations on joining Kids Extreme 2018!

Gear up, it's sure to be a INCREDIBLE time!

Here are a few very important details that we need to let you know about the program:

YOU WILL NEED TO BRING

- Walking shoes/joggers
- Hat
- Water bottle
- Sunscreen

Please note: Morning tea, lunch and afternoon tea are provided.

NOTE: You should not bring jewellery, money, radio, iPod, or electronic toys. We will not be responsible for these or any other valuables which might get lost. Please make sure all of your belongings are named.

TIMES & VENUE

WHEN: Thursday, July 12th and Friday July 13th

WERE: Caboolture Baptist Church, 74-92 Grant RD, Caboolture South

TIME: 9am - 3pm + Friday Carnival for all the family 3pm—4pm

IMPORTANT: You will need to be signed in and out each day at the registration iPad!

CONTACTS FOR KIDS EXTREME 2018

If you have any questions prior to Kids Extreme 2018 on need to pass on an urgent message during Kids Extreme 2018, please contact the Church Office : 54955654

(Tuesday– Friday, between 9am—4pm)