



ChillOut Registration Form

CoroUniting is committed to providing a safe, welcoming space for kids in Years 6 and 7 to develop good friendships and experience life to the full. To do this well, we need to make sure that we have accurate information about each participant and we appreciate you completing this registration form.

Participant name: _____ **Date of Birth:** / /

Address: _____ **Postcode:** _____

Email address for ChillOut correspondence: _____

Primary care giver name: _____ **Relationship:** _____

Primary caregiver preferred phone: _____ **Alt phone:** _____

Emergency contact name: _____ **Relationship:** _____

Emergency contact preferred phone: _____ **Alt phone:** _____

Authority to collect participant - If you or your nominated emergency contact are unable to collect your child, please state who else may: _____

Participant care needs – are there any dietary, medical, family (e.g. custodian) or other issues relating to the care of your child that we should be aware of? Provide further information on reverse of this page if required.

PERMISSION TO PARTICIPATE IN PROGRAM ACTIVITIES

I consent to my child/young person taking part in the approved program of activities at ChillOut.

I authorise the leader in charge of the group, where it is impracticable to communicate with me, to arrange for medical treatment, as the leader may deem necessary at any time during ChillOut or Other Activities. I accept responsibility for payment of all expenses associated with such treatment.

Regarding image and sound recordings, if these are used, children are not named.

- *I do / do not give permission for images and/or sound to be recorded of that identify my child while at ChillOut.*
- *I do / do not give permission for images/sound that identify my child to be used within the CoroUniting Church Community (internal).*
- *I do/ do not give permission for images/sound that identify my child to be used more broadly (e.g website, local news – external).*

I appreciate that the leaders of CoroUniting will take every care and that the leaders and those connected with the activities cannot be held responsible for personal injury, loss or theft of property. I understand that this information will be stored in a secure and confidential manner.

Primary caregiver signature: _____ **Date:** _____

PRIVACY INFORMATION - All the information recorded on this form is collected and managed in accordance with the Uniting Church Privacy Policy. This information has been collected for the primary purpose of **ChillOut** and may be used for any activities, conducted or promoted by **CoroUniting Church**. If you do not want this information to be used for any other purpose other than **ChillOut** please notify in writing: **The CoroUniting Privacy Officer, Email: office@corouniting.org.**