

# FUSION YOUTH

## ANNUAL PERMISSION FORM - FEBRUARY 2014 TO FEBRUARY 2015

### YOUNG PERSON'S DETAILS

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Year Level: \_\_\_\_\_

Primary Address: \_\_\_\_\_ Suburb: \_\_\_\_\_ Post code: \_\_\_\_\_

Secondary Address (if applicable): \_\_\_\_\_ Suburb: \_\_\_\_\_ Post code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  Male  Female

Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

School: \_\_\_\_\_ Email: \_\_\_\_\_

Medicare Number: \_\_\_\_\_ / \_\_\_\_\_ Exp. \_\_\_\_\_

### EMERGENCY CONTACT DETAILS OF PRIMARY CONTACT

Contact Name: \_\_\_\_\_ Relationship to young person: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email Address: \_\_\_\_\_ (to keep them informed of outings and events)

### EMERGENCY CONTACT DETAILS OF SECONDARY CONTACT

Contact Name: \_\_\_\_\_ Relationship to young person: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email Address: \_\_\_\_\_ (to keep them informed of outings and events)

Does the family have ambulance cover?  Yes  No

Do we have permission to administer first aid if needed?  Yes  No

Extra important information? E.g. Illness, allergy, medication \_\_\_\_\_

I understand that by signing this form;

- a) I hereby grant permission to Northside Christian Church Fusion Youth to use photographs of the above young person. I understand and agree that these materials will become the property of Northside Christian Church. I hereby authorize Northside Christian Church to edit, alter, copy, exhibit, publish or distribute the photographs for lawful Northside Christian Church purposes.
- b) I hereby grant permission for the above young person to travel on bus or car transportation by fully licensed drivers approved by pastoral leadership, by foot and by public transport to and from each Fusion event, as advised.
- c) I hereby grant the young person above to attend and participate in activities, outings, sleepovers and events within and outside of Fusion meeting times under the proper supervision of pastorally approved youth leaders who have undergone a Working with Children Check.
- d) If the leadership is unable to get in contact with myself as the guardian while the above young person is in the care of Fusion Youth, I understand that they may need to make the best decision without my approval.

Name of Parent/ Legal Guardian: \_\_\_\_\_

Parent / Legal Guardian's signature: \_\_\_\_\_ Date: \_\_\_\_\_