

Youth United – St Edwards

Registration Form for OVER 18s for 2019

Youth Participant details	
Full name	
DOB:	
Medical conditions	
Allergies	
Specific diet requirements	
Phone no:	
Email address	
Any other concerns:	

Emergency contact details:	
Full name	
Relationship to youth	
Phone no:	

Are you currently a parishioner at St Edwards? Yes /No

You are still very welcome if not, but perhaps let us know how you heard about our youth : (please circle)
Friend/ Social media/ School/ other

Some of the events might incur a small cost for catering or events. It would be appreciated if a voluntary donation of \$5 per event could be brought along to each term event. If you would prefer to make a one of annual voluntary donation of \$20 that will be welcomed. We will inform you well in advance of any additional charge for events.

We look forward to working well with you to ensure the best for you.

Please be aware you are very welcome to contact youth co-ordinators, Clare and Stuart Reabow, directly or via email on info@youthunited.life with ANY queries, concerns , feedback or changes at ANY stage 😊

Please sign the consent on the back and return via email on info@youthunited.life or bring it along signed to the next event.

Signed Consent

I, _____ (youth's full name) agree to the following:

Yes/ No (circle)	This information is accurate and I will notify leaders in writing of any changes or updates that might impact youth participation this year. This does not imply you have to attend all events.
Yes/ No	I understand that at youth events there will be minors present. I will not bring alcohol or other illegal substances, any other illicit material /behaviour to organised youth events on church /school premises. I understand that I will be asked to leave that event if that occurs.
Yes/ No	Medical Treatment Consent: In the event that you are unable to communicate with me, or my nominated emergency contacts, I consent to receive any such medical or surgical treatment as may be deemed necessary and I agree that any such treatment will be at my expense. I consent to receiving First Aid. I have informed you of any allergies or other medical conditions I have that are relevant to this activity and will make any necessary medication available.
Yes/ No	Permission to Use Photographic or Filmed Images: I grant to the Catholic Archdiocese of Brisbane, its representatives and employees the right to take video footage and photographs of me to be used in connection with the St Edwards Youth group. I authorise the Archdiocese, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that the Archdiocese may use such footage or photographs of me in perpetuity with or without my name and for any lawful purpose, including publicity, illustration, advertising, and Web content.

Signature _____

Print name: _____

Date: _____

St. Edwards Parish, Daisy Hill is committed to protecting all personal information we collect as per the Privacy Policy of the Archdiocese of Brisbane .

All youth leaders have Blue cards and have to adhere to the policies of protection of Children and Vulnerable adults policies. Both policies can be viewed here: www.bne.catholic.net.au.