

# Youth United – St Edwards

## Registration Form for Under 18s for 2019

Youth Participant details	
Full name	
DOB:	
Medical conditions	
Allergies	
Specific diet requirements	
Any other concerns that we should be aware of:	

Parent/ Guardian details:	
Full name	
Relationship to youth	
Phone no:	
Email address	
Primary Emergency contact	Y/N
Additional emergency contact (name and number)	
Please nominate anybody else that is authorised to collect your child at the end of an event	

Is the youth currently a parishioner at St Edwards? Yes/No

They 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/child per event could be brought along to each term event. If you would prefer to make a one of annual voluntary donation of \$20/ child that will be welcomed too. We will inform you well in advance of any additional charge for events.

We look forward to working well with parents to ensure the best for your youth.

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](mailto:info@youthunited.life) or bring it along signed to the next event.**

**Guardian / Parental Consent**

I, \_\_\_\_\_ (parent/guardian) consent to  
\_\_\_\_\_ (youth’s full name) attending and participating in Youth Events in  
2019.

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 they have to attend all events.
Yes/No	<b>Medical Treatment Consent:</b> In the event that you are unable to communicate with me, or my nominated emergency contacts, I consent for my child 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 for my child to receive First Aid. I have informed you of any allergies or other medical conditions of my child relevant to this activity and will make any necessary medication available.
Yes/No	<b>Permission to Use Photographic or Filmed Images:</b> I grant to the Catholic Archdiocese of Brisbane, its representatives and employees the right to take video footage and photographs of my child 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 my child in with or without their name and for any lawful purpose, including for publicity, illustration, advertising, and Web content
Yes/No	

**Parent / guardian 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](http://www.bne.catholic.net.au).*