

## BASICGIFT Youth Ministry Registration Form



Youth participant's full name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

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

School & Grade: \_\_\_\_\_ School email: \_\_\_\_\_

o Is the family registered at the parish?  Yes  No  Unsure

*For more information about parish registration contact St Augustine's Church at 02 6651 0000*

o **Father / Guardian's full name:** \_\_\_\_\_

Work phone: \_\_\_\_\_ Mobile phone: \_\_\_\_\_

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

o **Mother / Guardian's full name:** \_\_\_\_\_

Work phone: \_\_\_\_\_ Mobil phone: \_\_\_\_\_

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

*You will receive a confirmation upon registration and occasionally updates via email.*

o Marital Status:  Married  Single  Separated  Divorced  Remarried

o Teen lives with:  Parents  Father  Mother  Guardian  Other

o **Emergency contact name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

o Teen has received the sacraments of:  Baptism  Holy Eucharist  Confirmation

o Teen has permission to drive to youth group / events:  Yes  No

o Would you be willing to volunteer with our youth program?

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

- Please indicate any specific concerns that our Youth Ministry Team should be aware of for your teen: academic, physical, behaviour, etc...

\_\_\_\_\_  
\_\_\_\_\_

- Please indicate any specific dietary or health requirements:

\_\_\_\_\_

*I give my permission for my child to be photographed and / or filmed as a part of youth ministry activities and to be used in any promotion of youth ministry related activities including Facebook, Instagram and local Church & Diocesan websites:  Yes  No*

\_\_\_\_\_  
Signature of Youth Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

*[Please return one registration form for each youth participant with a completed medical form]*

**BASICGIFT Medical Information & Liability Release**

**Please print and complete all areas.**

Participant's Full Name: \_\_\_\_\_

Participant's Birth Date: \_\_\_\_\_

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

Phone: \_\_\_\_\_

**EMERGENCY TELEPHONE NUMBERS:**

Phone numbers where our youth ministry leader can reach a parent or an emergency contact for the child named above during scheduled events.

Parent / Legal Guardian: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

**MEDICAL INSURANCE CARRIER:**

Parent / Guardian's Insurance Group Name: \_\_\_\_\_

Insurance Group Number: \_\_\_\_\_

**MEDICAL INFORMATION:**

o Family physician's Name / Phone: \_\_\_\_\_

o Date of last tetanus shot: \_\_\_\_\_

o Allergies, conditions, dietary restriction, special needs, medical concerns of which we should be aware:

\_\_\_\_\_  
\_\_\_\_\_

o My child requires the following medication: \_\_\_\_\_

o My child has permission to be given Panadol or Ibuprofen if requested: \_\_\_ Yes \_\_\_ NO

## MEDICAL RELEASE

To Whom It May Concern:

As a parent and / or guardian, I do herewith authorise the treatment by a qualified and licensed medical doctor for in the event of a medical emergency which, in the opinion of the attending physician, may endanger his or her life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

In case of a Medical Emergency I understand that, in the event medical treatment is required, every effort will be made to contact me or the emergency contact person. However, if I cannot be reached, I give permission to the staff to secure the transport to and services of a licensed physician to provide the care necessary, including hospitalisation, anaesthesia, injection, or surgery for my child's well-being. I hereby agree to indemnify and hold harmless St Augustine's Catholic Church, the Archdiocese of Lismore and its officers, employees, and volunteer staff from any liability.

This release form is completed and signed of my own free will with the sole purpose of authorising medical treatment under emergency circumstances in my absence.

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**Name of Parent or Legal Guardian**

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**Signature of Parent or Legal Guardian**

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**Date**

*THIS FORM MUST BE RETURNED FOR REGISTRATION TO BE COMPLETED*