Participant

Application Form

KIDZONE
CITY TABERNACLE BAPTIST CHURCH

City Tabernacle Baptist Church

Parent/ Guardian Details

First Name: _____

Email: _____ Contact Number: _____

Signature: _____ Date: _____

Participant details

First Name: _____ Last Name:- _____

Preferred Name: _____ Gender : M / F Date of birth:_____

Home address:-

Address: _____

Suburb: _____ State: _____ Post Code: _____

School: _____ Year Level: _____

Church attending (if any) _____

Contact Information:

Mobile: _____ Home Phone: _____

Email: _____

Emergency Contacts: (Must be over 18 years of age)

Name: _____ Name: _____

Relationship: _____ Relationship: _____

Contact Number: _____ Contact Number: _____

Child Protection Statement of Commitment

The City Tabernacle Baptist Church is committed to the safe and holistic wellbeing of all children and young people involved in our events. To ensure that children and young people are kept safe, our staff and volunteers are required to possess a current blue card, agree to adhere to a code of conduct when working with children, and undergo training in child safety. We take child protection and safety seriously and consequently have a policies and procedures in place to ensure that your child has the best possible experience with us.

*Do you consent to appropriate use by the City Tabernacle Baptist Church (CTBC) of photographs taken on the Kidzone program that include your child? YES / NO

*Do you consent to a Leader continuing contact with your child after the event, within CTBC policy guidelines and with your full knowledge of details and purpose? YES / NO

Medical and Dietary Information

MEDICARE

Medicare Number: _____

Number on card: _____

Medicare expiry date: _____

MEDICAL INFORMATION

Can paracetamol be given as a pain killer Y/N

Allergies _____

_____

_____

Latest tetanus injection _____

Please tick if any of the following are applicable to the participant

- Asthma
- Diabetes
- Epilepsy/ Fits
- Glandular Fever
- Heart Problems
- Migraines
- Other relevant medical information

_____

_____

DIETARY

Every attempt will be made to cater for each individuals dietary requirements. However, in very rare cases our caterers will not be able to cater for all dietary needs. If this happens, you will be contacted by the Team Manager and be aske to provide more information about your allergies and may be asked to provide some additional food. Contact the Team Manager if you have any concerns.

- Dairy free
- Vegetarion
- Nuts
- Gluten Free

Further dietary requirements

_____

_____

_____

_____

Medication:

If your child is bringing medication, please provide it in a blister pack from the pharmacy with detail on medication, dosage, and name clearly labelled. All medication must be given to a Kidzone leader on arrival.

Is the participant on medication? Y/N

Medication name _____

Dosage amounts and times _____

_____

_____

INFORMATION

Are there any family, behavioural, or medical conditions which require special attention we should know about?

- ADD/ ADHD
- Aspergers
- Hearing/ sight impairments
- Formal Counselling, Depression, or other issues that may affect the participant during the event.
- Are there any restrictions on activities?

PAYMENT DETAILS

Payment is $55 per participant

Please pay in cash, cheques or EFT

The EFT details:

Bank: Baplink BSB: 704 913

Account: 400039830

Reference: KIDZONE & your surname