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|  | **Child Registration** |

# GGLC Youth 2020

Welcome to GGLC Youth! We look forward to having your child be part of the exciting events we have planned. In order for us to provide the best level of care while your child is under our supervision, we require that you fill out and return the registration form below. This form only needs to be filled out once per family. The information provided below will be treated confidentially within our team.

# Registration Form

# Personal Contact Details

Child’s Given name Surname Male /Female Date of Birth Yr level

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**Photos/Updates**

Do you consent to the appropriate use by us of photographs taken on the program that include your child? (For example, inclusion on our social media or in our brochure) *Yes / No*

We want to increase our communication with parents through a newsletter and/or text message update. Would you like to keep updated about what is happening at youth?

Yes/No If yes, please provide your email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

And mobile number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Safety and Care Details

In the case of an emergency, please list the phone numbers where you and another trusted adult may be contacted during the course of the program.

**Name Relationship to the child Phone number**

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

Are there any medical or psychological conditions which require special attention that we should know about e.g. diabetes, asthma, allergy to bee-sting, other allergies including food, hearing or sight impairment, ADHD, behaviour issues, formal counselling situations, or any other? Please list below:

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

Who will collect your child(ren) at the end of the program? Please nominate either yourself or another trusted adult:

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**Your Agreement With Us**

I understand that although the leaders will take all reasonable care to ensure both the comfort and safety of my child, there is still a risk that an accident may occur.

Name of Caregiver Signature of Caregiver Date

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