



WYNNUM WIPEOUT

REGISTRATION FORM (Please print clearly)



MEDICAL INFORMATION

Please give details of your child's medical insurance if applicable

Insurance Provider:		Membership Number:	
Medicare Number:		Can Panadol be given as a pain Killer? (Please circle)	YES NO
Are there any medical conditions that we should know about? Eg. Hearing or sight impairment, ADD or ADHD, behaviour issues, formal counselling situations, or any other? Please list below.			
What is the year of your child's last tetanus injection?			
Has your child previously broken/ fractured any bones? If yes please give			YES NO
If yes Details:			

SPECIFIC MEDICAL CONDITIONS

Condition	Past	Present	Details. Eg severity, last injection, treatment	Condition	Past	Present	Details. Eg severity, last injection, treatment
Asthma				Hyperactivity			
Appendicitis				Hypoactivity			
Bronchitis				Heart Problems			
Chicken Pox				Measles			
Diabetes				Mumps			
Ear Infections				Pneumonia			
Epilepsy				Tonsillitis			
Fits/ Convulsions				Allergy- Foods			
Fainting/ Dizziness				Allergy- animals			
Glandular fever				Allergy- other			

I understand that certain inherent risks and dangers may exist in activities in which my child will be participating. I acknowledge that while Scripture Union, Wynnum Wipeout and its leaders will make every reasonable effort to minimise exposure to known risks, all hazards and dangers associated with these activities cannot be foreseen or may be beyond the control of Scripture Union, Wynnum Wipeout, it's leaders and staff. I understand that the leaders of Wynnum Wipeout will take all responsible care of my child while at the program, and that Scripture Union, Wynnum Wipeout or its representatives will not be liable in any injury or accident, or for damage or loss of property.

In the event of any emergency where my nominated contact people are unavailable.

- I authorise the leaders to obtain medical advice and/or assistance that they deem necessary.
- I further authorise qualified practitioners to administer anaesthetic if required.
- I accept all operation, blood transfusion and/or anaesthetic risks involved in the event that such procedures are deemed necessary.
- I accept the responsibility for payment and agree to pay medical, transport and any other related expenses.
- I confirm that the information contained in this application is true and correct.
- I agree to inform the leader of any change to these details

Name of Parent/Guardian	Signature of Parent/ Guardian	Date
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Protecting your Privacy

Protecting your privacy is important to us. The information we seek allows us to manage risk, provide reasonable care and administrate your involvement in our program. We are careful to keep information confidential, and provide it only to those agents acting on behalf of Scripture Union who need it to enable them to perform their agreed activities (e.g. First Aid Officer). We will not use your information for other purposes. You are welcome to contact Scripture Union in relation to issues regarding your personal information and for a copy of the Privacy Policy.

PERSONAL CONTACT DETAILS			Registration #	YEAR	
Given name:	D.O.B.				
Surname:	Gender: (Circle)	M	F	(Office use only)	
Address:					
			P/Code:		
Phone:	()	Mobile:			
email:					

EMERGENCY CONTACT DETIALS		
In the event of an emergency, please list phone numbers where you and a friend or relative can be contacted.		
NAME	RELATIONSHIP	PHONE NUMBER

PARTICIPANT PROGRAM DETAILS			
How did you hear about Wynnum Wipeout? (Please circle)		School / Chaplain	Website
Church	Friend	Other (please specify)	
Please rate your swimming ability (please circle)		Good	Fair
		Poor	
School attended:		School grade (in year Wipeout runs)	

Does the child attend a youth group or Church?	YES NO	If yes, which one?
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Do you consent to appropriate use by us images including video footage and photographs taken on the program that include your child?	YES NO
For example: Use in newsletters, website or promotional video, brochures?	

I give permission for a leader from Wynnum Wipeout to transport my child in their car in the event of an emergency or for travel to a Wipeout activity.	YES NO
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Do you consent to Wynnum Wipeout representatives contacting your child after the event, within SU policy guidelines and with your full knowledge of details and purpose? e.g. youth group / camp info	YES NO
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