



WYNNUM WIPEOUT

REGISTRATION FORM
(Please print clearly)



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.

(Office use only)	
Registration Number	YEAR

PERSONAL CONTACT DETAILS

Given name: _____ Age: _____

Surname: _____ D.O.B. _____

Address: _____

_____ P/Code: _____

Phone: () _____ Mobile: _____

Work: () _____ Other: _____

EMERGENCY CONTACT DETAILS

In the event of an emergency, please list phone numbers where you and a friend or relative can be contacted.

NAME	RELATIONSHIP	PHONE NUMBER
_____	_____	_____
_____	_____	_____

Do you consent to appropriate use by us images including video footage and photographs taken on the program that include your child? For example: Use in newsletters, website or promotional video, brochures?	YES NO
--	-----------

Do you consent to a leader from Wynnum Wipeout doing follow up with your child after the event, within SU policy guidelines and with your full knowledge of details and purpose?	YES NO
--	-----------

PARTICIPANT PROGRAM DETAILS

How did you hear about Wynnum Wipeout? (Please circle) School / Chaplain Website

Church Friend Other (please specify) _____

Which School will you attend in 2008? _____ Which Grade? _____

Please rate your swimming ability (please circle) Good Fair Poor

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
---	-----------



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 details: YES NO

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