



# QLD TROPICS KESWICK CONVENTION YOUTH REGISTRATION

## EASTER CONVENTION

Please 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.

### CHILDREN INFORMATION

Child First Name	Child Surname	Male/Female	Age	School Grade

Address (City only required) \_\_\_\_\_

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

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

### PARENT INFORMATION

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.

Parent First Name	Parent Last Name	Phone Number

### MEDICAL INFORMATION

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:

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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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