Lighthouse Youth

Incursion/Excursion Permission Form

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| Name of Event: |  |
| Program: |  |
| Location: |  |
| Date & Time: |  |
| Cost: |  |
| Event Coordinator: |  |
| Notes: |  |

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| Section One: Child’s Information (To be completed by Parent) | | |
| Child’s Full Name |  | |
| Address |  | |
| Medical Conditions/Allergies |  | |
| Emergency Contact Person 1 | |  |
| Phone | |  |
| Relationship to Child | |  |
| Emergency Contact Person 2 | |  |
| Phone | |  |
| Relationship to Child | |  |
| Anything further we need to know about your child | |  |
| Parent/guardian signature: | |  |

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| Section Two: Payment Details | | | | | | |
| Cost of Excursion: $ | | | | | | |
| Method of Payment | | | | | | |
| * Cash | | * **Credit Card (Visa/Mastercard)** | | | | |
| Credit Card Details (Please Circle) VISA / Mastercard / Other: | | | | | | |
| Card Number | | |  | | | |
| Expiry |  | | | | **CCV:** |  |
| Card Holders Name: | | | |  | **Signature** |  |
| GST: The registration price does not include GST as the event is considered a ‘religious service’. Should you require a tax invoice for your records, please photocopy this registration form prior to returning it to us. | | | | | | |

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| Section Three: Parent/Guardian Consent, Terms and Conditions or registering for this event |
| Medical Treatment Consent: I being parent/guardian of the said child understand that whilst every precaution will be taken to ensure the good welfare and protection of my child, LIGHTHOUSE CHRISTIAN CHURCH, it’s staff and volunteers acting on behalf are hereby released from any and all liability in the event of any accident or misfortune, damage or loss that may occur to the child & their property. In the case of an emergency, I hereby give permission to the First Aid Staff to ensure proper treatment for my child. I understand that every effort will be made to contact me before instituting such procedures. I agree to pay all such doctor, ambulance & hospital fees incurred on behalf of my child. I have attached a list of any health information about my child that the First Aid Staff need to know. Involvement Consent: I being the parent/guardian of the said child hereby give my consent that my son/daughter may participate in any activities they choose over the course of LIGHTHOUSE YOUTH, whether it’s games, jumping castle, basketball, bowling etc. Photography & Video Consent: I being the parent/guardian of the said child hereby give my consent for my son/daughter to be captured in both photographs and video at LIGHTHOUSE YOUTH. LIGHTHOUSE CHRISTIAN CHURCH reserves the right to use this material for promotional purposes. LIGHTHOUSE YOUTH may be filmed and/or recorded by or on behalf of LIGHTHOUSE CHRISTIAN CHURCH for reproduction and/or resale. It is a condition of entry that each audience waives any claim he or she might have in relation to inclusion of their likeness in such films or recordings. Supervision Policy: LIGHTHOUSE YOUTH will provide supervision at parent pick-up point at the venue. No students will be allowed to leave the venue until they are picked up by a parent /guardian. It is an essential term of LIGHTHOUSE YOUTH registration that where parents will not for any reason collect their child from the supervised parent pick-up point then LIGHTHOUSE CHRISTIAN CHURCH, it’s employees, servants and volunteers as organisers of LIGHTHOUSE YOUTH take no responsibility for any student leaving the supervised site for whatever reason. I understand and agree to be bound by this policy. |
| PRIVACY POLICY: We may utilise your information to notify you of the news at LIGHTHOUSE CHRISTIAN CHURCH and provide it to third parties to help us provide services to you. To request access to your information please email vaughn@lighthouse.org.au |

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| OFFICE USE ONLY | | | |
| Amount Paid: |  | **Method:** |  |
| Receipt No. |  | **Date:** |  |
| Taken By: | | **Signature** |  |