



Registration details . . .

First Name: _____

Male Female

Surname: _____

DOB: _____

Address: _____

Year at School: 7, 8 or 9 (circle one)

Home Phone: _____

Parents Name/s: _____

Parent's Emergency #: _____

Parent's Email Address: _____

Address: _____

Your Email Address (if different): _____

Medical Issues: _____

Alternative Contact person and Ph Number (on proteen nights): _____

From time to time we run events that require your child to travel in a motor vehicle. We only use qualified drivers who have been on a full licence for at least one year. Please sign below to confirm your consent for your child to travel in a vehicle. By signing this form, you are agreeing that while proteen leaders will take all reasonable care of your child, the leaders will be clear of personal liability in the event of any injury your child may sustain while at proteen. In the event of sickness or accident, proteen leaders will attempt to contact the emergency contacts listed on this form. Should they not be able to do so, qualified medical attention will be sought at your expense. You are agreeing that any photos taken of your child at proteen may be used in Northcote Baptist Church publications. Finally, you agree that the information on this form is correct and complete.

Signed: _____