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J.M.J.

**April 23<sup>rd</sup> 2022 “Activity Day”–Registration Form**  
**(ONLY complete the following two pages if your child**  
**is NOT already enrolled in the Holy Name Youth Group for 2022)**

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N.B: Please send completed registration forms to [tsofatzisfssp@gmail.com](mailto:tsofatzisfssp@gmail.com) or hand to Fr Sofatzis in person (by Sun. 17<sup>th</sup> Apr.).

<b>Child's Name:</b> (Surname, Christian Name)	1.	Male / Female
	2.	Male / Female
	3.	Male / Female
<b>Date of Birth:</b>	1.	School Year:
	2.	School Year:
	3.	School Year:
<b>Address:</b>		
	City:	Postcode:
	Home Phone #: (    )	
<b>Parents / Guardians:</b>	1.	
	Relation to Child(ren):	
	E-mail:	
	Mobile #:	Work Ph. #:
	-----	
	2.	
	Relation to Child(ren):	
E-mail:		
Mobile #:		Work Ph. #:
<b>Emergency Contact:</b> (Other than above)	Name:	
	Relation to Child(ren):	
	Contact Ph. #:	
<b>Authority to Collect:</b> (Other than parents / guardians)	Please provide the names and contact phone numbers of the people authorized to pick-up your child(ren):	
	Name:	
	Contact Ph. #:	
	Name:	
Contact Ph. #:		
Alternatively, if of suitable age, please tick the relevant box(es) if you give permission for your child(ren) to make their own way to and from: <input type="checkbox"/> Child 1 <input type="checkbox"/> Child 2 <input type="checkbox"/> Child 3 (as above).		
<b>Other Pertinent Information (Non-Medical):</b>	Is there anything we should know to ensure better care for your child(ren)? (e.g. special needs, behavioural issues, fears, custody arrangements etc.)	

I certify that all the information given on this page is correct:

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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**Medical Information:**

We are aware of and respect the private nature of the following questions. Accurate and full answers are important to ensure our ability to provide for the well-being of your child(ren).

**Please note:**

**We are unable to administer medication to children participating in this activity day.**

<b>Name of Child 1:</b>	
Medical Requirements and Allergies (including all current medications):	
Special Dietary Requirements:	
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<b>Name of Child 2:</b>	
Medical Requirements and Allergies (including all current medications):	
Special Dietary Requirements:	
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<b>Name of Child 3:</b>	
Medical Requirements and Allergies (including all current medications):	
Special Dietary Requirements:	
<b><u>Doctor / Medical Centre</u></b>	Name:
	Address:
	Contact Ph. #:
<b><u>Medicare / Health Insurance:</u></b>	Name and Address of Company (if applicable):
	Child 1 – Policy or Medicare #:
	Child 2 – Policy or Medicare #:
	Child 3 – Policy or Medicare #:

I certify that all the information given on this page is correct:

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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J.M.J.



## Holy Name Youth Group: Activity Day April 23<sup>rd</sup> 2022

### Permission and Consent Form

(If you have already completed registration forms for Holy Name Youth Group, please simply complete the following form.)

My signature below indicates my willingness to permit my child (children) to attend the:

#### **“Activity Day” from 8:30am – 6:00pm on Sat. 23<sup>rd</sup> Apr. 2022**

- I understand that the Priestly Fraternity of St Peter run the Catechesis and Activity Day which is scheduled to be held on the grounds of Holy Name Church (located on 80 Payneham Rd, Stepney, SA), and Linde Reserve.
- I understand that the Priestly Fraternity of St Peter shall provide a priest-chaplain to oversee this activity day. I understand that he, together with the lay volunteers who will assist him, comprise the “staff”.
- I give permission and consent for my child (children) to participate in all classes and activities of this activity day (including sports and outdoor events); including walking by foot to and from Linde Reserve and participating in activities at this venue.
- I understand and agree that the Priestly Fraternity and all staff will not be responsible or liable in any way for any injury or loss sustained (to person or property) at, or resulting from, this activity day. I also agree to pay for all damages resulting from the actions of my child (children).
- I give permission for staff to administer basic first-aid to my child (children) as required.
- I authorise the chaplain or staff, as they deem necessary, to consent to emergency medical examinations and / or treatment for my child (children). I further authorise the use of an ambulance, if they should also deem this necessary. I accept responsibility for payment of all expenses associated with such medical treatment.
- I understand that my child (children) is (are) to abide by all instructions given by staff.
- I understand that my child (children) may be asked to leave this activity day (due to a health or disciplinary problem) and I will collect my child (children) from this activity day at my expense.
- I understand that photos / videos may be taken during this activity day and that my child (children) may be photographed / filmed in appropriate settings. I understand that such photos / footage may be used for publicity purposes (e.g. on a brochure) of the Priestly Fraternity of St Peter, without identifying the name(s) or details of my child (children).
  - I give permission for photos / videos of my child (children) to be used for publicity purposes (e.g. on a brochure), without the disclosure of any personal details.
  - I do not give permission for photos / videos of my child (children) to be used for publicity purposes.

<b>Name(s) of child (children):</b>	<b>1.</b>
	<b>2.</b>
	<b>3.</b>
<b>Name of Parent / Guardian:</b>	
<b>Signature:</b>	<b>Date:</b>

N.B: Please send completed form to [tsfatziszssp@gmail.com](mailto:tsfatziszssp@gmail.com) or hand to Fr Sofatzis in person (by Sun. 17<sup>th</sup> Apr.).