## **REVOLUTION YOUTH - CONSENT FORM**

**Bonfire Night combined with MyCity Youth EVENT:** 

Sausage Sizzle, Outdoor Activities and Sausage Sizzle.



#### **EVENT DETAILS:**

WHEN: Friday, 6 August 2021

Sign in 6:15pm // Start 6:30pm- Finish 8:30pm TIME:

Drop off and collection: MyCity Church - 1 Canoe Point, Tannum Sands WHERE:

WHAT TO BRING: RY permission form, closed in shoes, jumper

		give consent for my child		to
	(Parent / Guardian)		(Childs full name)	
•	Participate in <i>Bonfire Night combin</i> Be included in media and photogra		on Youth's social media and promotional r	materials.
have nform	•	and/or dietary information about r	nt form and provided my child's medical and my child. If there is any new medical and/or th Leadership;	•
R	evolution Youth.		hild's medical and/or dietary information is	current with
	<b>DISAGREE</b> therefore I <b>will need to comp</b> information.	l <b>ete a new Enrolment Form</b> with my	ochild's new medical and/or dietary	
Port Ci		steps to provide a safe environme	ny child participates at his/her own risk. I un nt for my child and to ensure that all equipr	
	owledge that Port City Christian Church virectly from, or in connection with, the ac		may be suffered by my child, which arises ong form.	either directl
suffere pelong	ed by my child, or that my child causes t	o another person, as well as any lo	rising from, or in connection with, any injur ss or damage to property, equipment or pe ut of or in connection with the activity des	rsonal effect
that I a		horise qualified practitioners to ad-	attention as may be deemed necessary and minister anesthetic and blood transfusion if e participating in.	
	by indemnify Port City Christian Church, or damage that they may sustain to their		ssistants against any claim for my child in re	elation to an
_	t / Guardian Signature		Date	

#### **RETURN COMPLETED FORM TO**

Revolution Youth via email revyouth@portcitycc.org.au , before event to Port City Christian Church at 12 McCann Street Gladstone or provide to a Revolution Youth Leader at the event.



OFFICE ONLY:				
Date Entered into Database:				
Entered By:				

# Port City Christian Church **Child/ Youth Enrolment Form**

	е	M/ F	Age	D.O.B dd/mm/yy	Schoo	Year at school	Special Requirements	
LERGIES/ MEDIC	CAL CONDIT	IONS/	DIETAF	RY REQUIRE	MENTS?			
Full Name	е	Allergies/ Medical Conditions/ Dietary Requirements?						
HER INFORMATI	ION YOU NE	ED TO	INFOR	M US ABOU	T YOUR CH	IILD/ REN		
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burb:  ARENT/ GUARDIA  Jum's Name  ad's Name  amily Email  duardian's Name  //ho did you come w	N CONTACT	Γ DET	AILS	P/coo	Mobile  Mobile  Mobile		No	
aild/rens Address: aburb: ARENT/ GUARDIA dum's Name add's Name family Email duardian's Name Who did you come w	with today? (MP?	Ium/ Da	AILS  ad/ Guard they visit	lian or Other)	Mobile  Mobile  Mobile  ther church?	? □ Yes □		
ARENT/ GUARDIA  Mum's Name Dad's Name Family Email Guardian's Name  Who did you come w  DW CAN WE HELI  My child/ren is  I give permiss	vith today? (MP? is visiting only sion for our de	lum/ Da	AILS  ad/ Guard  they visit o be storal Ca	dian or Other) ting from anored temporariance team to co	Mobile  Mobile  Mobile  ther church?	?	No	
ARENT/ GUARDIA  Mum's Name Dad's Name Family Email Guardian's Name  Who did you come w  DW CAN WE HELI  My child/ren i  I give permiss Christian Chu  Please includ	with today? (Me)  P?  is visiting only  sion for our de  urch and for the  de my family i	Jum/ Da	ad/ Guard they visit to be storal Cartabase care to	lian or Other)  ting from anoraed temporariaer team to contact me footoontact me	Mobile  Mobile  ther church?  ly by Port Contact me.  king for a ch	?	No	

 $\hfill \Box$  Please tick if you **DO NOT WISH** to receive information by email.



#### **CONSENT**

#### **Medical Treatment Consent:**

I being parent/guardian of the said child/ren understand that whilst every precaution will be taken to ensure the good welfare and protection of my child/ren, Port City Christian Church, its 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 and their property. In the case of an emergency, I hereby give permission to the First Aid Staff to ensure proper treatment for my child/ren. I understand that every effort will be made to contact me before instituting such procedures. I agree to pay all such doctor, ambulance and hospital fees incurred on behalf of my child/ren. I have attached a list of any health information about my child/ren that the First Aid Staff need to know.

#### **Involvement Consent:**

I being the parent/guardian of the said child/ren hereby give my consent that my child/ren may participate in any activities they choose over the course of Children's Church or Revolution Youth programs.

### **Photography and Video Consent:**

photographs and video at Children's Church or Revolution this material for promotional purposes. Children's Church o	give my consent for my child/ren to be captured in both Youth. Port City Christian Church reserves the right to use or Revolution Youth may be filmed and/or recorded by or on sale. It is a condition of entry that each audience waives any keness in such films or recordings.
$\Box$ I <u>DO NOT</u> GIVE PERMISSION FOR PHOTOS/ VIDEO	S OF MY CHILD/ REN TO BE USED. (Tick and sign)
Signature:	/ Date://
Connect Leader Phone Contact Consent:	
I being the parent/guardian of the said child/ren hereby give his or her connect leader. I understand that the connect lead so that I am aware of who is talking with my child/ren.	
Supervision Policy:	
Children's Church/ Revolution Youth will provide supervision allowed to leave the venue until they are picked up by a par Revolution Youth registration that where parents will not, for up point, then Port City Christian Church, its employees and Youth take no responsibility for any child leaving the superv be bound by this policy.	rent/guardian. It is an essential term of Children's Church/ r any reason, collect their children from the supervised pick- d volunteers as organisers of Children's Church/ Revolution
Privacy Policy:	
at Port City Christian Church Office - we may utilise your in	of an individual's information. Our Privacy Policy is available information to notify you of program and activity happenings information, contact the Church Office, 12 McCann Street, itycc.org.au
Code of Conduct Policy:	
I acknowledge that I and my child/ ren have read the attached taken if this code is breached.	ed Code of Conduct and am aware of the actions that will be
PARENT/ GUARDIAN CONSENT	
Name:	Signature:
Date://	



## Port City Christian Church

## **Code of Conduct for Youth**

Our Code of Conduct applies to all youth participating in Port City Christian Church Revolution Youth program. This Code of Conduct explains the expectations and responsibilities of all youth whilst participating in our programs. All youth must be able to apply the Code of Conduct to themselves and their behaviour. This Code of Conduct is to be read and discussed with all youth before they commence in a program.

### **Policy Overview**

All youth participating in Port City Christian Church's Revolution Youth program agree;

- 1. We will be respectful to everyone at all times,
- 2. We will follow leaders instructions,
- 3. We will welcome new youth joining Revolution Youth,
- 4. We will participate and be a good sport throughout the program,
- 5. **We will** not leave the premises without notifying a leader and receiving parent/ guardian permission,
- 6. We will chat to a leader if feeling unsafe, upset, unwell or have any questions,
- 7. **We will not** post to social media or send any photograph or video of any person involved in Revolution Youth without consent from person/s included.
- 8. **We will not** bring any harmful items or substance, including drugs and alcohol to Revolution Youth programs or on Port City Christian Church premises.

## **Correction Techniques**

The correction of a youth whilst involved in our programs is the responsibility of the leader in charge and/or the Revolution Youth Director. Serious correction; which may require action outside the program, such as suspensions, if required will be brought to the attention of the Revolution Youth Director and parent/guardian.

In the event that a youth <u>does not</u> follow any of the above policy or their behaviour is unacceptable then the following strategy will be implemented.

- 1. Address the youth by name and ask them to change their behaviour in that situation, whilst always being quiet, firm and clear.
- 2. Parallel Positive Compliment good behaviour rather than focusing on only bad behaviour.
- 3. Discuss the policy rules and explain where they are not complying. Provide a choice for the youth to comply. Provide effective warning to include number of remaining opportunities to comply.
- 4. If youth behaviour continues to be unacceptable (or is deemed so serious as to pose a risk to themselves or others), parent/guardian will be notified and asked to remove the youth from Revolution Youth's program and be notified of expectations on their return.