



2010

# Student Registration Form

**Your Privacy:** On this form, we ask you for information we need to process your registration and provide care while at YLW10. Some of the information is known as "sensitive" information. We need this to care for you if you become unwell or are injured. We'll make sure that all this information is protected all the time. Only people who need access to it will have it, and they'll only access the bits they actually need. After YLW10 is over, we keep records about who you are if you tell us that's OK (there's a question about that on this form). There may also be a few bits of information (such as information to do with payment of fees) that the law says we have to keep. If you wish to access any personal information held about you or want to find out more about the Scripture Union SA privacy policy, please contact SU on 8371 0811.

## Your details

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Preferred name: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Phone (h): \_\_\_\_\_ Mobile: \_\_\_\_\_

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

Date of Birth: \_\_\_/\_\_\_/\_\_\_ ! Male ! Female

School: \_\_\_\_\_ Yr: \_\_\_\_\_

Church: \_\_\_\_\_ Denomination: \_\_\_\_\_

## Permissions

### Is it OK if we...

Keep your details to contact you about Youth Leadership Week in the future?

Yes  No

Use photo or video images of you in our publicity materials?

Yes  No

Use these contact details for future information including letters, other SU Youth programs, etc.?

Yes  No

## Other people's details

### Referee:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Role: \_\_\_\_\_ Signature: \_\_\_\_\_

### Mentor:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Signature: \_\_\_\_\_

### Christian Pastoral Support Worker / Chaplain:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

## Consent

As the parent/primary caregiver of \_\_\_\_\_ (Participant's Name)

- I give my consent for him/her to take part in Youth Leadership Week to be held at the Mylor Baptist Camp from Monday 12th July 2010 to Thursday, 15th July 2010 inclusive.
- While I am aware that camp leaders and staff will take all due care, I recognise that accidents may occur. The leaders, staff and supervisors have my authority to take whatever action they deem necessary to ensure the safety, well-being and successful conduct of the participants as a group or individually in the above-mentioned camp. (All reasonable attempts will be made to notify parents of any unforeseen emergency).
- If my child becomes ill or is accidentally injured, I agree that the camp leaders and staff of Youth Leadership Week may obtain on my behalf whatever medical treatment my child requires. I will agree to pay all such medical expenses.
- In the case that my child requires medical attention, I agree to meeting at the hospital/medical facility/campsite (as appropriate), from which point Youth Leadership Week will no longer be responsible for the care of my child and I will resume care.
- I acknowledge that the Youth Leadership Week, Scripture Union SA, and all its representative leaders or other helpers at the camp can accept no liability for any personal injury or property loss suffered by my child during the period of the camp.
- I have read the rest of this form, including the *Permissions* box, and verify that all the information given is correct and I agree to such permission.

Signature: \_\_\_\_\_

(Primary caregiver)

Date:        /        /

## Payment details

I enclose payment of:

- Full fees (\$150)
- Non-refundable, transferable\* deposit (\$30)

My church will be sponsoring me the following amount: \$ \_\_\_\_\_

Please debit my  Visa  Mastercard      Total \$ \_\_\_\_\_

Name on card \_\_\_\_\_

Card no. \_\_\_\_\_ Exp. Date \_\_\_\_ / \_\_\_\_

Signature \_\_\_\_\_

Make cheques or money orders payable to Scripture Union SA. If you would prefer a direct bank transfer or, please contact Scripture Union on the number given below.

\* In the event of withdrawal from Leadership Week, deposit may be transferred to another Scripture Union camp or event.

**All registrations close 16th June 2010. Please ensure we have this form by then.**

**Please return to:**

Youth Leadership Week 10  
c/o Scripture Union SA  
28 Croydon Rd, KESWICK SA 5035

**For more information contact:**

*Hamilton McNicol*

Scripture Union SA State Youth Co-ordinator

ph 8371 0811 email wired@sa.su.org.au