



Xfactor Youth (2010)

Xfactor Youth liability release form

This form needs to be signed by parents or guardian of the young person attending Xfactor Youth. It may be scanned and returned to xfactor@dvbc.net. Alternatively please bring it to the first visit to Xfactor Youth.

Young person's details:

First Name: _____ Last Name: _____

Address (Most lived at): _____

Post Code: _____ Male Female Date of Birth _____

Young person's Mobile: _____ Home Phone: _____

Young person's Email: _____

Name of School: _____ School Grade: _____

Site will you be attending? (please tick one) DVBC Laurimar Shop 72

Emergency Contact details of Primary Contact

Contact name: _____ Relationship to young person: _____

Mobile: _____ Medicare No: _____

Most used email address: _____

Emergency Contact details of Secondary Contact

Contact name: _____ Relationship to young person: _____

Mobile: _____ Medicare No: _____

Most used email address: _____

Does the family have ambulance cover? Yes No

Do we have permission to administer First Aid if needed? Yes No

Extra important information? _____
e.g. illness, allergy, medication.

I understand that by signing this form...

a. I hereby grant permission to Diamond Valley Baptist Church Xfactor Youth to use photograph(s) of the above young person. I understand and agree these materials will become the property of DVBC. I hereby authorise DVBC to edit, alter, copy, exhibit, publish or distribute the photograph(s) for lawful DVBC purposes.

b. I hereby grant permission for the above young person to travel on bus transportation and or cars to and from the particular location each night of Xfactor Youth.

c. If the leadership are unable to get in touch with myself as the guardian while the above young person is in the care of Xfactor, I understand that they may need to make the best decision without approval.

Name of Parent or Legal Guardian: _____

Signature: _____ Date: _____