

Xfactor Youth 2011
Diamond Valley Baptist Church

Leader: _____

Date: _____

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 your next visit to Xfactor Youth.

Young Person's Details:

First Name: _____ **Last Name:** _____ **Year Level:** _____

Address (most lived at): _____ **Suburb:** _____

Postcode: _____ **Date of Birth:** _____ **Male** **Female**

Home Phone: _____ **Mobile:** _____

School: _____ **Email:** _____

Emergency Contact Details of Primary Contact:

Contact name: _____ **Relationship to young person:** _____

Mobile: _____ **Medicare Number:** _____ / _____ **Exp.** _____

Emergency Contact Details of Secondary Contact:

Contact name: _____ **Relationship to young person:** _____

Mobile: _____ **Medicare Number:** _____ / _____ **Exp.** _____

Does the family have ambulance cover? Yes No

Do we have permission to administer first aid if needed? Yes No

Extra important information? Eg. Illness, allergy, medication. _____

I understand that by signing this form;

a. I hereby grant permission to Diamond Valley Baptist Church Xfactor Youth to use photographs of the above young person. I understand and agree that these materials will become the property of DVBC. I hereby authorize DVBC to edit, alter, copy, exhibit, publish or distribute the photographs 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/Legal Guardian: _____

Parent's signature: _____ **Date:** _____