NAREMBURN CAMMERAY ANGLICAN CHURCH

CHRISTMAS WORKSHOP 2009

REGISTRATION FORM

Name .... Male / Female DOB ....

Age School Year (2009)..

Address ....

Suburb .... Post code ....

Home Ph. .... Emergency Ph. Contact ....

Email...

Guardian's name .... Contact Phone ....

Person collecting child ....Relationship to Child..................................

Names of friends coming to the workshop

....

How did you hear about the workshop?

....

Your child's name must be signed off, and name tag returned before leaving each day.
PLEASE BRING LUNCH - CLEARLY LABELLED – FOR BOTH DAYS
no NUTS please

17th Dec, Thursday	9.00am – 3.00pm	$15 per person (paid) Y / N
18th Dec, Friday	9.00am – 5.30pm	$15 per person (paid) Y / N
Both days		$30 per person (paid) Y / N

This includes morning and afternoon tea each day, and a sausage sizzle and salad dinner on ***last*** *day after the Christmas Workshop Service.*

PAYMENT

Direct Deposit ◇
Naremburn Cammeray Anglican Church
BSB 062 099
Acc# 1057 4406
Description CWS surname

or Cheque to NCAC ◇

Post Registration form with payment details to
NCAC Christmas Workshop 2009
205 Willoughby Rd
Naremburn 2065

continued over..

INDEMNITY FORM

I authorise the leader in charge of the Christmas Workshop where it is impracticable to communicate with me, to arrange for my child to receive such medical treatment as the leader may deem necessary at any time during the Christmas Workshop. I further authorise the use of Ambulance if in the leader's judgment it is necessary. I accept responsibility for payment of all expenses associated with such treatment.

I appreciate that the workshop leaders will take all reasonable care for the safety of my child. I also understand that the leaders cannot be held responsible for personal injury, loss or theft of property affecting my child.

My child agrees to follow the rules and directions given by the workshop leaders. I agree to my child attending the workshop on this understanding.

Please tick if you do NOT want your child photographed:

Photos will collated into a power-point presentation to be shown within the church.

Signed: .... Date: ....

MEDICAL INFORMATION

(this will be kept in confidence to assist the Workshop Director).

Medicare No: . ...

Health Fund: ....

Membership No.: ....

Date of last tetanus booster: ....

If the answer to any of the following is yes, please give full details on a separate sheet:

1. Heart Conditions	yes / no	8. Blackouts	yes / no
2. Respiratory Problems	yes / no	9. Fits, Epilepsy	yes / no
3. Allergies	yes / no	10. Special Diet	yes / no
4. Operations	yes / no	11. Disability	yes / no
5. Recent Illness	yes / no	12. Known behavioral problems	yes / no
6. Drug Reactions	yes / no	13. Is medication required	yes / no
7. Migraines	yes / no		

Is anyone legally restricted from seeing the child yes / no

For more information contact: The Office on 9906 7110