



Greek Orthodox Archdiocese of Australia  
ΙΕΡΑ ΑΡΧΙΕΠΙΣΚΟΠΗ ΑΥΣΤΡΑΛΙΑΣ

## ΕΝΟΡΙΑ ΑΓΙΟΥ ΧΑΡΑΛΑΜΠΟΥΣ

Parish of Saint Haralambos, Doncaster and Templestowe

### Greek Orthodox Youth Day 2017 Registration Form

#### Personal Contact Details

Family Name: \_\_\_\_\_ Name of Child: \_\_\_\_\_

Date of Birth:     /     /                      School Year Level (2017):

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

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

E-mail: \_\_\_\_\_

Alternate emergency contacts:

1. Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ Phone: \_\_\_\_\_

Are there any family situations we should be aware of ? Eg:custodial issues, other matters (please specify)

#### Permission to Participate in Program Activities

I consent to my child taking part in the approved program of activities for the Greek Orthodox Youth Day (GOYD) 2017, from 9:30am to 3:30pm at Saint John's College.

Signed \_\_\_\_\_ Date \_\_\_\_\_

#### Meals Provided

Morning and afternoon tea will be provided and will consist of seasonal fruit and vegetables, crackers, biscuits, chips, and a drink. We recommend your child bringing along a drink bottle with water for the day also. Lunch will be a sausage with bread or roll. Please tick your lunch preference:

1 sausage

2 sausages

Parents are welcome to volunteer, and will require a Working With Children's Check (these are simple to obtain online and free for volunteers). Please circle:

yes, I would like to help. My WWCC number is: \_\_\_\_\_

sorry, I am unable to help.

#### Permission to be Photographed or Filmed

I give my permission for my child to be photographed. I understand that the image may be displayed in the church publications, church buildings or website. I understand that my child's name will not be published or linked with photographs.

Signed \_\_\_\_\_ Date \_\_\_\_\_



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### Confidential Medical Report

*The information below is requested to assist in case of any illness or accident. This information will be held in confidence.*

1. Please tick if your child suffers from any of the following:
- |  |   |
|--|---|
| <input type="checkbox"/> Heart condition   | <input type="checkbox"/> Allergy to _____<br>(provide action plan and medication)     |
| <input type="checkbox"/> Diabetes  | <input type="checkbox"/> Anaphylaxis to _____<br>(provide action plan and medication) |
| <input type="checkbox"/> Asthma<br>(asthma plan and medication must be provided) |   |
| <input type="checkbox"/> Other (specify)   |   |
2. Is your child presently taking medication? Yes / No *If yes, please state the name of the medication, dosage, etc.*
- \_\_\_\_\_ Does your child self-administer? Y / N

3. Please list any physical or special needs: (eg. Dietary requirements)
- \_\_\_\_\_

I authorise the leader/s in charge of the above mentioned group where it is impractical to communicate with me, to arrange for my child to receive such medical or surgical treatment as the leader/s may deem necessary at any time during Greek Orthodox Youth Day on Thursday, July 13th 2017.

I further authorise the use of Ambulance and/or anaesthetic by a qualified medical practitioner if in his/her judgement it is necessary. I accept responsibility for payment of all expenses associated with such treatment. I appreciate that every care will be taken by the leaders and those connected with that group cannot be held responsible for personal injury, loss or theft of property affecting my child.

Signature of Parent/Guardian: \_\_\_\_\_

Name: \_\_\_\_\_ Date \_\_\_\_\_

### **Payment and registration form required to secure enrolment:**

The total cost of the day inclusive of food and activities is **\$35 per child**.

Please pay directly into:

Account name: Parish of Doncaster and Templestowe

BSB: 083-419

Account Number: 60-562-6014

In the description please write: GOYD (your surname)