



Greek Orthodox Archdiocese of Australia
ΙΕΡΑ ΑΡΧΙΕΠΙΣΚΟΠΗ ΑΥΣΤΡΑΛΙΑΣ

ΕΝΟΡΙΑ ΑΓΙΟΥ ΧΑΡΑΛΑΜΠΟΥΣ

Parish of Saint Haralambos, Doncaster and Templestowe

Greek Orthodox Youth Day 2018 Registration Form

Tuesday 3rd July, 2018

1. FAMILY Contact Details

Family Name: _____ Phone: _____

Address: _____

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)

How many children are you registering for GOYD18? _____

Parent Volunteers

Parents are welcome to volunteer but will require a Working With Children's Check (these are simple to obtain online and free for volunteers). Please fill in your details below if you are interested in volunteering. We will require a copy of your WWCC prior to the day. Please send in a copy with your forms.

yes, I would like to help. I have attached a copy of my WWCC

My WWCC number is: _____

Please let us know of any skills or qualifications you may have that may be useful on the day. Eg. Teaching qualification, food handling certificate etc.

Permission to be Photographed or Filmed

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 I understand that my child's name will not be published or linked with photographs.

Yes, I give permission

No, I do not give permission

Signed _____ Date _____



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2. Child(ren) information

CHILD 1

Name: _____ Year Level at School in 2018: _____

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 _____
(provide action plan and medication) |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Anaphylaxis to _____
(provide action plan and medication) |
| <input type="checkbox"/> Asthma
(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)

CHILD 2

Name: _____ Year Level at School in 2018: _____

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 _____
(provide action plan and medication) |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Anaphylaxis to _____
(provide action plan and medication) |
| <input type="checkbox"/> Asthma
(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)



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Please note if you are enrolling 3+ children, please use extra copies of page 2 to fill in your children's details.

Meals Provided

Morning and afternoon tea will be provided and will consist of seasonal fruit, biscuits, chips, and a drink. We recommend your child bringing along a drink bottle with water for the day also. Lunch will be 2 sausages with bread or roll. You are welcome to also pack food for your child(ren) if you prefer, however please note, St John's College is a NUT FREE school, so please avoid packing any food that contains nuts or nut products.

3. Permission to Participate in Program Activities

I consent to my child(ren) taking part in the approved program of activities for the Greek Orthodox Youth Day (GOYD), Tuesday 3rd July 2018, from 9:30am to 3:30pm at Saint John's College.

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 3rd, 2018.

I further authorise the use of Ambulance and/or anesthetic 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 _____

4. Payment details: Payment and registration form are required to secure enrolment

The total cost of the day inclusive of food and activities is **\$40 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)

Total number of children being registered for GOYD18: _____ @ \$40ea

Would you like to make a monetary donation towards the event? Please note, there is no minimum donation.

- Yes! I'd like to donate \$ _____
 No, thank you

Total cost: _____ Date transferred: _____

CHECKLIST

I have attached my WWCC (if applicable) I have transferred total cost

I have attached allergy/anaphylaxis action plan (where applicable)