

**PARENTS/GUARDIANS MUST COMPLETE THIS FORM FOR YOUNG PERSON TO BE  
ABLE TO ATTEND XTREME LIFE**

**DETAILS OF YOUNG PERSON**

GIVEN NAME: \_\_\_\_\_ SURNAME: \_\_\_\_\_  
 DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_ SEX: male  female   
 HOME ADDRESS: \_\_\_\_\_  
 SUBURB: \_\_\_\_\_ POSTCODE: \_\_\_\_\_  
 PHONE: \_\_\_\_\_ MOBILE: \_\_\_\_\_

**YOUNG PERSONS HEALTH INFORMATION**

DOES THIS YOUNG PERSON SUFFER FROM ANY ILLNESS OF ALLERGY? yes <input type="checkbox"/> no <input type="checkbox"/>	NAME OF ILLNESS OR ALLERGY:
USE MEDICATION? yes <input type="checkbox"/> no <input type="checkbox"/>	NAME OF MEDICATION:
DOES THIS YOUNG PERSON HAVE SPECIAL NEEDS? yes <input type="checkbox"/> no <input type="checkbox"/>	IF YES, PLEASE SPECIFY:
DOES YOUR YOUNG PERSON REQUIRE CONSTANT STAFF SUPERVISION? yes <input type="checkbox"/> no <input type="checkbox"/> if yes, please discuss further with staff member upon arrival	

**EMERGENCY CONTACT (Must be contactable during the event)**

NAME: _____	(H) PHONE: _____	COMMENTS:
RELATIONSHIP: _____	(W) PHONE: _____	
	(M) PHONE: _____	

DO YOU ALLOW PHOTOGRAPHS/VIDEO FOOTAGE TO BE TAKEN OF YOUR YOUNG PERSON TO BE PUBLISHED IN THE MEDIA, YOUTH WEBSITE AND OR OTHER PUBLICATIONS? yes  no

WHAT MOVIE/VIDEO RATING DO YOU APPROVE FOR YOUR YOUNG PERSONS VIEWING? PG  M  M15+

IS YOUR YOUNG PERSON ALLOWED TO LEAVE THE PROGRAM ALONE/MAKE THEIR OWN WAY HOME? yes  no   
 Please Note: Young people are required to sign themselves in and out of the program. Once they have signed out they have officially left the program and therefore staff responsibility for supervision will cease. If you tick NO, the young person must remain at the program until a parent/guardian collects them.

**PARENT PERMISSION/CONDITIONS OF REGISTRATION**

I (insert parents/guardian's full name) \_\_\_\_\_ hereby give permission for (insert young person's full name) \_\_\_\_\_ to attend Xtreme Life at Southland International Christian Centre (37 Graham Ct Hoppers Crossing), the Youth Resource Centre (86 Derrimut Rd, Hoppers Crossing) and activities stated on the term program.

I the undersigned approved of this application and in so doing, agree that Xtreme Life (Southland International Christian Centre) and its volunteers are to be free and clear of all responsibilities and liabilities whatsoever of any accident/illness or damage to personal property incurred during my daughter/son's participation in any activities connected with this enrolment.

I further authorise the staff to obtain such medical assistance as is required and agree to meet any expenses incurred. I accept that my daughter/son will conform to standards of behaviours as directed by staff and that if my daughter/son does not adhere to these conditions further participation may be denied. I further accept that Xtreme Life (Southland International Christian Centre) may cancel activities due to circumstances beyond its control.

\_\_\_\_\_  
 (Parent/Legal Guardian Signature)

\_\_\_\_\_  
 (Date)

Privacy Statement

The personal information requested on this form is being collected by Xtreme Life in relation to our Friday Night program. The personal information will be used solely by Xtreme Life for this primary or directly related secondary purpose, but shall otherwise remain private within Xtreme Life unless disclosure is required in an emergency situation or required by law.