

**Faith City Church
SCO63 Excursion Permission Form**

Name of Event:	
Program	
Location	
Date & Time	
Cost \$	
Transport arrangements	
Event Coordinator	

Section One: Child's Information (To be completed by Parent)			
Child's Full Name			
Gender (M/F)		D.O.B	
Grade		School	
Address			
Medical Conditions/Allergies			
Emergency Contact Person 1			
Phone			
Relationship to Child			
Emergency Contact Person 2			
Phone			
Relationship to Child			

Section Two: Payment Details			
Cost of Excursion \$			
Method of Payment			
<input type="checkbox"/> Cash	<input type="checkbox"/> Credit Card (Visa/Mastercard)	<input type="checkbox"/> Cheque Made payable to: Faith City Church	
Credit Card Details (Please Circle) VISA / Mastercard / Other:			
Card Number			
Expiry		CCV:	
Card Holders Name:		Signature	
CANCELLATIONS: No refunds will be made.			
GST: The registration price does not include GST as the event is considered a 'religious service'. Should you require a tax invoice for your records, please photocopy this registration form prior to returning it to us.			

Section Three: Parent/Guardian Consent, Terms and Conditions or registering for this event	
<p>Medical Treatment Consent: I being parent/guardian of the said child understand that whilst every precaution will be taken to ensure the good welfare and protection of my child, Faith City Church, it's staff and volunteers acting on behalf are hereby released from any and all liability in the event of any accident or misfortune, damage or loss that may occur to the child & their property. In the case of an emergency, I hereby give permission to the First Aid Staff to ensure proper treatment for my child. I understand that every effort will be made to contact me before instituting such procedures. I agree to pay all such doctor, ambulance & hospital fees incurred on behalf of my child. I have attached a list of any health information about my child that the First Aid Staff need to know.</p> <p>Involvement Consent: I being the parent/guardian of the said child hereby give my consent that my son/daughter may participate in any activities they choose over the course of this event, whether it's games, jumping castle, basketball, bowling etc.</p> <p>Photography & Video Consent: I being the parent/guardian of the said child hereby give my consent for my son/daughter to be captured in both photographs and video at this event. Faith City Church reserves the right to use this material for promotional purposes. This event may be filmed and/or recorded by or on behalf of Faith City Church for reproduction and/or resale. It is a condition of entry that each audience waives any claim he or she might have in relation to inclusion of their likeness in such films or recordings.</p> <p>Supervision Policy: Faith City Church will provide supervision at parent pick-up point at the venue. No students will be allowed to leave the venue until they are picked up by a parent /guardian. It is an essential term of registration where parents will not for any reason collect their child from the supervised parent pick-up point then Faith City Church, it's employees, servants and volunteers as organisers of this event take no responsibility for any student leaving the supervised site for whatever reason. I understand and agree to be bound by this policy.</p>	
<p>Privacy Policy: We may utilise your information to notify you of the news at Faith City Church and provide it to third parties to help us provide services to you. To request access to your information please email admin@faithcity.org.au</p>	

OFFICE USE ONLY			
Amount Paid:		Method:	
Receipt No.		Date:	
Taken By:		Signature	