



OFFICE USE ONLY:

Date Entered into Database: _____

Entered By: _____

Port City Christian Church Revolution Youth Enrolment Form

YOUTH DETAILS

Full Name	M/ F	Age	D.O.B dd/mm/yy	School	Year at school	Special Requirements

ALLERGIES/ MEDICAL CONDITIONS/ DIETARY REQUIREMENTS?

Full Name	Allergies/ Medical Conditions/ Dietary Requirements?

OTHER INFORMATION YOU NEED TO INFORM US ABOUT YOUR CHILD/ REN

Custodial Issues? Yes No If yes, details: _____

POSTAL INFORMATION

Child/ren's Address: _____

Suburb: _____ P/code: _____

PARENT/ GUARDIAN CONTACT DETAILS

Mum's Name		Mobile	
Dad's Name		Mobile	
Family Email			
Guardian's Name		Mobile	
Who did you come with today? (Mum/ Dad/ Guardian or Other)			

HOW CAN WE HELP?

My child/ren is visiting only. Are they visiting from another church? Yes No

I give permission for our details to be stored temporarily by Port City Christian Church and for their Pastoral Care team to contact me. Yes No

Please include my family in the database – we are looking for a church

I give permission for the pastoral care to contact me for further information and our personal information to be stored by Port City Christian Church.

Please update my child/ren's details.

Please tick if you **DO NOT WISH** to receive information by email.



CONSENT

Medical Treatment Consent:

I being parent/guardian of the said child/ren understand that whilst every precaution will be taken to ensure the good welfare and protection of my child/ren, Port City Christian Church, its 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 and their property. In the case of an emergency, I hereby give permission to the First Aid Staff to ensure proper treatment for my child/ren. I understand that every effort will be made to contact me before instituting such procedures. I agree to pay all such doctor, ambulance and hospital fees incurred on behalf of my child/ren. I have attached a list of any health information about my child/ren that the First Aid Staff need to know.

Involvement Consent:

I being the parent/guardian of the said child/ren hereby give my consent that my child/ren may participate in any activities they choose over the course of Revolution Youth programs.

Photography and Video Consent:

I being the parent/guardian of the said child/ren hereby give my consent for my child/ren to be captured in both photographs and video at Revolution Youth. Port City Christian Church reserves the right to use this material for promotional purposes. Revolution Youth may be filmed and/or recorded by or on behalf of Port City Christian Church for production 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.

I DO NOT GIVE PERMISSION FOR PHOTOS/ VIDEOS OF MY CHILD/ REN TO BE USED. (Tick and sign)

Name: _____ Signature: _____ Date: ____ / ____ / ____

Connect Leader Phone Contact Consent:

I being the parent/guardian of the said child/ren hereby give my consent for my child/ren to be contacted by phone by his or her connect leader. I understand that the connect leader will speak to me first before speaking to my child/ren so that I am aware of who is talking with my child/ren.

Supervision Policy:

Revolution Youth will provide supervision at parent pick-up point at the venue. No child will be allowed to leave the venue until they are picked up by a parent/guardian or nominated person identified below. It is an essential term of Revolution Youth enrolment that where parents will not, for any reason, collect their children from the supervised pick-up point, then Port City Christian Church, its employees and volunteers as organisers of Revolution Youth take no responsibility for any child leaving the supervised site for whatever reason. I understand and agree to be bound by this policy.

Please nominate below any alternative drop off and pick up arrangements you as the parent/guardian approve (*Examples; riding/walking, Youth has P plates and will transport themselves, carpool with *names* family.*) The nominated drivers/people to collect youth should present with their current driver's license so we can ID & photocopy for our records. Any "one-off" arrangements must be communicated to the Revolution Youth leadership in writing or in emergency via phone to ensure the team are aware of the alternative arrangement. Leaders will contact parents immediately if there are concerns regarding the safe departure of their youth.

Full name of nominated person/s	Contact Number	Driver's license No./CRN
Other (Example: <i>Tim will ride his bike home from youth each week:</i>)		

Privacy Policy:

Port City Christian Church is committed to protect the privacy of an individual's information. *Our Privacy Policy is available at Port City Christian Church Office – we may utilise your information to notify you of program and activity happenings at Port City Christian Church. To request access to your information, contact the Church Office, 12 McCann Street, Gladstone Phone: 0456 247 934 or email: reception@portcitycc.org.au*

Code of Conduct Policy:

I acknowledge that I and my child/ ren have read the *attached* Code of Conduct and am aware of the actions that will be taken if this code is breached.

PARENT/ GUARDIAN CONSENT:

Name: _____ Signature: _____ Date: ____ / ____ / ____



Port City Christian Church

Code of Conduct for Youth

Our Code of Conduct applies to all youth participating in Port City Christian Church Revolution Youth program. This Code of Conduct explains the expectations and responsibilities of all youth whilst participating in our programs. All youth must be able to apply the Code of Conduct to themselves and their behaviour. This Code of Conduct is to be read and discussed with all youth before they commence in a program.

Policy Overview

All youth participating in Port City Christian Church's Revolution Youth program agree;

1. **We will** be respectful to everyone at all times,
2. **We will** follow leaders instructions,
3. **We will** welcome new youth joining Revolution Youth,
4. **We will** participate and be a good sport throughout the program,
5. **We will** not leave the premises without notifying a leader and receiving parent/ guardian permission,
6. **We will** chat to a leader if feeling unsafe, upset, unwell or have any questions,
7. **We will not** post to social media or send any photograph or video of any person involved in Revolution Youth without consent from person/s included.
8. **We will not** bring any harmful items or substance, including drugs and alcohol to Revolution Youth programs or on Port City Christian Church premises.

Correction Techniques

The correction of a youth whilst involved in our programs is the responsibility of the leader in charge and/or the Revolution Youth Director. Serious correction; which may require action outside the program, such as suspensions, if required will be brought to the attention of the Revolution Youth Director and parent/ guardian.

In the event that a youth does not follow any of the above policy or their behaviour is unacceptable then the following strategy will be implemented.

1. Address the youth by name and ask them to change their behaviour in that situation, whilst always being quiet, firm and clear.
2. Parallel Positive - Compliment good behaviour rather than focusing on only bad behaviour.
3. Discuss the policy rules and explain where they are not complying. Provide a choice for the youth to comply. Provide effective warning to include number of remaining opportunities to comply.
4. If youth behaviour continues to be unacceptable (or is deemed so serious as to pose a risk to themselves or others), parent/guardian will be notified and asked to remove the youth from Revolution Youth's program and be notified of expectations on their return.