



GUEST INFORMATION FORM

GETTING TO KNOW YOU:

Please Tick: We are first time visitors or We have been attending C3 for _____

Who do you already know here at C3?

- I would like more information on family events & activities I would like to talk to someone about the needs of my family
- I would like more information on kids' programs & events I would like more information about being part of the parent team

FAMILY INFO

PLEASE NOTE: If you are registering someone else's children please enter **your own** address, phone & email details in this section (as you are their On-Site Guardian) & tick this box Thanks!

Full name of Parents or On-Site-Guardians:

Address: _____ Postcode: _____

Hm Phone: _____ Dads Mob: _____ Mums Mob: _____

Email: _____

Child 1: _____ M F Date of Birth: _____ Age: _____

Child 2: _____ M F Date of Birth: _____ Age: _____

Child 3: _____ M F Date of Birth: _____ Age: _____

Child 4: _____ M F Date of Birth: _____ Age: _____

MEDICAL INFO

Medical Conditions (allergies, asthma...) Child's name & details: _____

Special needs (ADHD, etc...) Child's name & details: _____

PARENT / GUARDIAN SIGNATURE

IMAGINE NATION regularly takes photos and video footage of children, which may be used for C3 Church projects & promotions. If you object to photos of your children being used for this purpose please notify a Welcome Team Member immediately.

As parent/guardian of the abovementioned children, I hereby give permission for him/her/them to attend IMAGINE NATION programs and to participate in all of the activities involved. While every necessary precaution will be taken to ensure the safety of the children, I acknowledge and accept all risks associated with these and I release C3 Church, its staff and volunteers from any and all liability relating to any accident, damage or loss that may occur to my children and/or their property. In the event of an injury or illness I give permission for medical treatment to be given and ambulance services to be utilised should an emergency arise, and I agree to pay all such costs relating to these. I have read, understood and agreed to the information contained in this form.

Name of Parent/Guardian: _____ Signature: _____ Date: _____

The details you have provided on this form will be used by C3 Church for the purposes of church management and notifying you of church activities. No information about you will be disclosed to any external person or organisation unless you specifically request us to do so.