

BEAT SCHOOL OF MUSIC 2012

6-10 January 2012

St Laurences College, 82 Stephens Rd, Brisbane, QLD

**PARENTAL CONSENT FORM FOR PARTICIPANTS UNDER THE AGE OF 18**

This form is required to be completed for any participants who will be under the age of 18 at 6 January 2012.

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Does your child have any:

• Health concerns/medication requiring supervision: \_\_\_\_\_

• Dietary requirements: \_\_\_\_\_

• Allergies: \_\_\_\_\_

Is there any other information that the Beat team should know? \_\_\_\_\_

[ ] I give permission for Paracetamol to be administered to my child at the discretion of the 'Beat' School of Music leadership team

**Indemnity:** I understand that while every reasonable precaution will be undertaken to ensure the protection of my child, I hereby release Emmanuel Community, authorised Staff and Volunteers (hereafter 'Emmanuel Community') from any and all liability in the event of any injury, accident, misfortune, damage or loss that may occur to my child and/or their property while present at the Beat School of Music (hereafter 'the Beat'). Further, I indemnify Emmanuel Community from and against all loss, including legal expenses, connected with or arising from any claims or demands in relation to my child's attendance at 'the Beat', including leaving the conference venue without permission. **Medical Treatment Consent:** I give permission for Emmanuel Community to obtain emergency medical, hospital or ambulance assistance and/or treatment for my child at any time they consider necessary. I understand that every effort will be made for myself to be notified before instituting such procedures. I acknowledge that I will be liable for any medical, hospital or ambulance expense incurred in the treatment of my child and I agree to pay those expenses. **Privacy Declaration:** I understand that Emmanuel Community may collect information about me/my child for the purpose of providing promotional material, and that they will not pass this information on to any other organisation. I consent to these details being used by Emmanuel Community for the promotion of future events and resources via post, phone, email and sms. I can elect to have my details removed from their database at any time. The Beat will be captured in photographs, video and audio. I understand that Emmanuel Community reserves the right to use this material for promotional purposes or other resources.

Parent/Guardian Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please note: registration is not complete until this Parental Consent form has been returned.

If you have any queries, please contact Bec Crouch on (07) 3217 5199 or bec@emmanuelworship.com

Please return this form as early as possible:

Post: 'BEAT' School of Music, PO Box 126, Paddington QLD 4064

Fax: (07) 3217 5288