

# PARISH ACTIVITY DAY

## REGISTRATION FORM

**Date: Wednesday 7<sup>th</sup> July, 2010**

**Place: Sebastian Centre, The Monastery**

**Time: 100 am – 2.30 pm**

### REGISTRATION and PERMISSION Form

Family Name	Child's Name	Age	Gender	School attended

I.....wish to register my child/ren named above for the Parish Activity Day. Please also complete a medical information form (Note a separate form is required for each child)

**I give permission for my child/ren to participate in the activities.**

..... (Please sign)

**I give permission for my child/ren's photos/videos/images to be taken for the purposes of reporting this event in Parish/Diocesan/Catholic Education SA newsletters / magazines/power point.**

..... (Please sign)

**I give permission for my child/ren's photos/videos/images to be published on the Parish/Diocesan/Catholic Education SA website.**

..... (Please sign)

**NB No photo/image/video will include any personal information regarding the child's identity.**

**I am willing to be a helper on the activity day. Yes / No**

**Name .....** **Contact Phone No.....**

**COST: \$5.00 per child or  
\$10.00 per family**

**AMOUNT ENCLOSED**

