

YOUTH MUSTER 23

Permission Form

Church details

Church: Kootingal Moonbi Anglican Church

Child's details

First name: _____

Last name: _____

DOB: _____

Gender: Male Female

Address: _____

Suburb/Town: _____

Postcode: _____

Child's mobile: _____

Home number: _____

School: _____

School year: _____

Parent/carer details / emergency contact

Parent/carer name: _____

Parent/carer Number: _____

Parent/carer name: _____

Parent/carer Number: _____

Address: _____

Suburb/Town: _____

Postcode: _____

Health information

Doctor: _____

Doctor contact: _____

Medicare No: _____

Card reference No: _____

Private insurer: _____

Membership No: _____

Can your child swim? No Reasonably Strong Date of last tetanus: _____

Allergies / medication / special diet / activity restrictions / behavioural issues: Yes No

Additional details: _____

Restrictions

Is there anyone who is legally restricted from seeing your child: Yes No

Additional details: _____

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T-Shirt Size

Let us know what size T-shirt your child needs.

Ladies - S Ladies - M Ladies - L Ladies - XL Ladies - 2XL Ladies - 3XL
Mens - XS Mens - S Mens - M Mens - L Mens - XL Mens - 2XL Mens - 3XL

Permission

My signature below indicates that:

- I consent to my child attending **YOUTH MUSTER 23** at **Carinya Christian School, Tamworth** on **November 10th-12th, 2023**.
- I understand that my child will be attending under the supervision of Tory Cayzer, Joel and Rosie Murphy (Leader) from Kootingal Moonbi Anglican Church (Church).
- I appreciate that every care will be taken by the leaders of the youth group.
- I understand there will/may be photographs and or video footage of my child taken during this camp to promote the ministry.
- I give permission for my child to ride in leaders' cars during the weekend.
- I give permission, in the case of a medical emergency, to the doctor chosen (either by the church authorities or other persons supervising or administering the activities), to secure proper treatment for and/or order hospitalisation, injection, anaesthetic or surgery for my child as named. I understand that every effort will be made to contact me prior to instituting such procedures.

Name: _____

Date: _____

Signature: _____

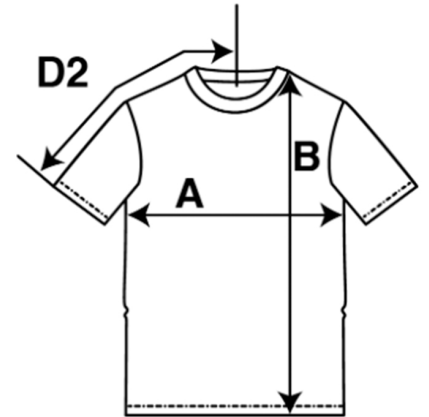
The leadership team of the aforementioned group will treat the information contained confidentially. This information may be shared with a third party when it concerns medical health or care of the individuals listed. If you wish to access this information or have any queries in relation to the manner in which we handle your personal information, please do not hesitate to contact us.

MEN

Sizing

*All sizes are listed in centimeters

Sizes	Width (A)	Length (B)	Sleeve Center Back (D2)	Packaging (per carton)
XS	41	67	41	6 Dozen
S	46	71	44	6 Dozen
M	51	74	46	6 Dozen
L	56	77	50	6 Dozen
XL	61	79	53	6 Dozen
2XL	66	83	55	6 Dozen
3XL	71	85	58	3 Dozen



LADIES

Sizing

*All sizes are listed in centimeters

Sizes	Width (A)	Length (B)	Sleeve Center Back (D2)	Packaging (per carton)
S	43	64	29	6 Dozen
M	46	66	30	6 Dozen
L	50	69	32	6 Dozen
XL	52	70	34	6 Dozen
2XL	58	71	36	6 Dozen
3XL	62	72	38	3 Dozen

