

Junior Soldier Boot Camp Registration Form

PLEASE WRITE CLEARLY USING BLOCK LETTERS

Junior Soldier Boot Camp

Saturday 28th April 2012

APPLICANT INFORMATION

Corps: _____ Corps Officer's Signature: _____

Given Name: _____ Family Name: _____

Date of Birth: _____ Gender: Male Female

Address: _____

Home Phone: _____ Mobile: _____

Email Address: _____

**Confirmation letters will be sent via email*

I want to be a: Junior Soldier Leader

Name of Leader I am attending with (If under 18): _____

LEADERS ONLY

Blue card number: _____ Expiry date: _____

**All leaders over 18 will need a blue card. If you don't have one, see your corps officer for an application form*

EMERGENCY CONTACT DETAILS

Contact Person: _____ Relationship: _____

Home Phone: _____ Mobile: _____

HEALTH AND MEDICAL DETAILS

Medicare number: _____ Place on Card: _____ Ex. Date: _____

Healthcare card number: _____ Ambulance fund: Yes No

Name of medical fund: _____ Contribution Number: _____

Family Doctor: _____ Phone: _____

Pre-existing or present medical conditions: _____

Name and dosage of any medications that must be taken: _____

**Feel free to attach another piece of paper if you need more room and include symptoms that the youth team/boot camp leaders should be aware of and keep an eye out for.*

Please tick if you are allergic to:

Penicillin Insect stings (Please specify): _____

Other drugs or food (Please specify): _____

Please tick if you suffer from:

Diabetes Asthma Epilepsy or blackouts

Heart Condition Other (Please specify): _____

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PERMISSION/INDEMNITY SECTION

- Yes** **No** I consent to/give consent for my child to take part in the overall activities of this group
-
- Yes** **No** I understand that if urgent medical attention is needed, that every effort will be made to contact the persons listed on this form.
In the event that they cannot be contacted in an emergency, I give my permission for myself/my child to receive such medical treatment as the leaders may deem necessary.
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- Yes** **No** I give permission to be/for my child to be transported in corps vehicles or private cars arranged by the leaders of the abovementioned group on those occasions when it is necessary.
-
- Yes** **No** I consent to information about myself/my child being collected as required for activity specific permission forms and accident/incident report forms.
-
- Yes** **No** I consent to the use of any photographs or video footage that may be taken of the subject of this form to be used or shown as The Salvation Army sees fit.
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- Yes** **No** I consent to my name/child's name being published if any photographs are used in Army publications

I confirm that the information contained on this form its true and correct.

I agree to inform the leader of any change to these details.

I understand that all reasonable safety precautions will be taken at all times by the above mentioned group and that the leaders and those connected with the group cannot be held responsible for personal injury, loss or damage incurred by the subject of this form.

I also understand that The Salvation Army is part of the Christian church and as such will run this activity acting on those principles and beliefs.

Parent/guardian signature (if under 18yrs):

Applicant signature:

OFFICE USE ONLY

I give permission for DHQ to journal \$10 as payment for the following applicant:

Name of applicant:

DHQ will be journaling this amount from the senior corps account:

_____ 5600 00 61202

Corps officers signature:

Date:

**Registrations and payment due to corps office
Sunday 15th April 2012**

**Registrations due to DHQ youth department by
Monday 16th April 2012**

Email: nichole.mciver@aue.salvationarmy.org

Fax: 3229 3884 * If faxing please remember to fax both sides

Post: GPO Box 2210, Brisbane 4001

