

Registration Fees

Term Fees are \$35 per Child

Any Additional children from the same family is \$25 per term.

T shirts \$20

Caps \$12

Replacement badges \$5

(uniforms are not compulsory but encouraged)

Term dates are the same as Primary School Term

Cheques to be made out to:
Royal Oak Baptist Church

Internet Banking account number
03-1308-0004686-02

Please use Child name and IFG in reference fields.

Emergency Contact

(in the event of parent/caregiver being unavailable)

Name

Phone.....

Mobile Phone

IFG Royal Oak Baptist Church

Cnr Symonds Street & Erson Ave

Royal Oak, Auckland

Office Phone 6243357

www.robc.org.nz

or Sharelle@robc.org.nz

Unit Team Leader:

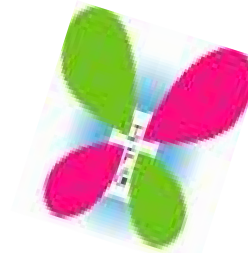
Sharelle Rowntree

634 3193 or 021 059 7447



iconz4girlz

**Annual
Consent Form
for 2011**



IFG Head Office

P.O. Box 100983

North Shore,

Auckland 0745

Email: info@iconz4girlz.org.nz

www.iconz4girlz.org.nz

*This form once completed needs to be given to
the Unit Team Leader*

Parents/caregivers are required to give updated contact details and signed consent annually to meet IFG/GBNZ Health and Safety requirements.

Girl's Details

Name

Address

Post Code

E-mail

Home Phone.....

Mobile Phone

Date of Birth.....

Ethnic Origin.....

School Attended

Year at School.....

Interests

.....

.....

Church Attended (if any).....

Any factors that may limit full participation in

Unit activities

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Any other issues relevant to safety? Does your daughter have any specific food or other allergies?

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Parental Consent

Details of parent/caregiver giving consent

Name.....

Address.....

Post Code.....

E-mail

Home Phone

Mobile Phone

Relationship to child



I, the undersigned, consent to my child becoming a member of IFG and participating fully in its activities. I understand that from time to time activities may take place away from the usual meeting place and consent to my child being taken on these arranged excursions using public or private transport in vehicles with current Warrants of Fitness and Registration and driven by fully licensed drivers.

If I cannot be readily contacted in the case of an emergency, accident or illness I give permission for the leaders of IFG to act in my place with the safety and welfare of my child being of utmost concern.

In the case of a medical emergency when I can not be contacted I consent to my child receiving such medical, surgical or anesthetic care needed as determined by the appropriate medical practitioner or hospital authority to which my child has been taken for such care.

Should an ambulance or other transport be required I accept responsibility for all expenses incurred.

I accept that the information I have provided in completing this form will be kept on record by IFG and will be used for administration purposes. Medical information has been given on the understanding that these details will be kept confidential.

I consent that any photographs taken of my child during IFG activities may be used for publicity and promotional purposes.

I understand that although leaders will take all reasonable care to ensure both the comfort and safety of my child, there is still a risk that an accident may occur.

Signed

Date