2026 WELCOME WEEK KIDS' CLUB

March 23-27 (Mon-Fri), 3-5pm,
@ Spider Brown Oval MPC

CONSENT FORM

Dear parent/guardian,

The 2026 Welcome Week ***Kids' Club*** is hosted by Lightning Ridge Community Church (LRCC) and visiting teams from NorthLight (NL) Anglican Church & Moore Theological College (MTC), Sydney.

Kids' Club is for anyone in primary (K-6) and will run Mon-Fri during council's regular after-school program. However, the Welcome Week program (along with the council program) will be held at Spider Brown Oval (Note: ***Kids' Club*** participants also need to be registered for council program). A 'walking bus' will travel from the school to the oval each day if required – details on form below.

Kids' Club includes delivery of age-appropriate, faith-based (Protestant Christian) material to all children who participate in the group. Children who attend the after-school program but do not wish to attend Kids' Club will be supervised by Youth Centre staff as usual.

By completing and signing this form (incl. details for each child attending on following pages):

YOU ARE GIVING CONSENT FOR YOUR CHILD/REN TO ATTEND AND PARTICIPATE IN THE 2026 WELCOME WEEK KIDS' CLUB.

** Please return completed forms to Youth Centre staff, School Office, or LRCC staff member **

Parent / Caregiver 1

Name:	Home Phone:
Email:	Mobile:
Home Address:	

Parent / Caregiver 2 (only include detail that differs from above)

Name:	Home Phone:
Email:	Mobile:
Home Address:	

Emergency Contact (alternative to parent/caregiver)

Name:	Home Phone:
Relationship to child/ren:	Mobile:

Privacy Declaration

Lightning Ridge Community Church is exempt from the requirements of the *Privacy Act 1988* as it is a "small business". However, we seek to deal carefully with the personal information we collect and to do so in a manner consistent with your reasonable expectations. More information is set out in our ***Privacy Policy*** on our website.

The personal information in this form will be made available to –

(a) the leaders involved in the running of the activities in which my child participates, and
(b) medical and emergency services if considered necessary.

Authorisations & Expectations

- I give permission for my child/ren to attend all scheduled ***Kids' Club*** activities, unless I advise the LRCC / NL / MTC leaders otherwise.
- I authorise the LRCC / NL / MTC leaders, in the event of an emergency, to obtain at my expense any medical, ambulance, rescue or other services that are considered necessary for my child/ren.
- I acknowledge that being part of a community involves mutual care and consideration, and therefore agree that unacceptable behaviour may result in my child/ren being removed from ***Kids' Club*** and/or sent home and being temporarily or permanently prohibited from attending the activities of Kids' Club.
- I will provide the LRCC / NL / MTC leaders with any information relevant to the wellbeing of my child/ren prior to him or her attending a ***Kids' Club*** activity.
- I confirm that the information given in this form is true and correct, and will advise LRCC of any changes to this information.

Supervision policy:

I understand that the appointed LRCC / NL / MTC leaders will provide supervision during the advertised times and that they will follow Government Child Protection Legislation and Safe Ministry requirements. I understand that the leaders will take reasonable steps to provide a safe environment for my child/ren. Outside the advertised ***Kids' Club*** times the Youth Centre staff will be responsible for my child/ren for the time they are signed into the council program.

Indemnity:

I agree to indemnify the church against any and all claims arising from any injury that may be suffered by my child or that my child may cause to another person, as well as loss or damage to property or equipment which arises directly or indirectly from or in connection with the activities of the church.

Signature of Parent / Caregiver

Print full name:	
Sign:	Date:

Thank you for supporting Welcome Week!

- ➔ If you have any questions about this consent form, please contact the LRCC office: 02 6829 0597, office@LRCC.church.
- ➔ For more information about *Kids' Club* (along with other Welcome Week events plus all our regular groups & gatherings) see our website: lrccweb.site.

PLEASE PROVIDE DETAILS ON THE FOLLOWING PAGES FOR EACH CHILD WHO WILL BE ATTENDING

** Please return completed forms to Youth Centre team, School Office, or LRCC staff member **

Child 1 – Personal Details

Full Name:	M / F:	DOB:
Preferred name:	School year:	
Medicare number:	Position on card:	
Medicare expiry date:	Ambulance cover Y / N:	

Travel to the program – Unless indicated below, children are responsible for making their own way to Spider Brown Oval to participate in the Kids' Club. For those who require supervised transport, a 'Walking Bus' (with at least two Kids' Club leaders) will meet at the Primary COLA to depart ~3pm each day of the program.

☐ **Yes, this child requires supervision (via a 'Walking Bus') when travelling to Spider Brown Oval** (i.e. this is the only way they are allowed to get to the oval on the days they attend Kids' Club)

Do you give permission for **photos and videos** of your child taken at *Kids' Club* (or other Welcome Week events) to be displayed publicly (online & in print) unless you advise our leaders otherwise? Yes☐ No☐

Medical and care needs

Does your child have any **medical conditions** that we should know about? No☐ Prescription medication☐ Chronic illness☐ Medical allergies☐ Other☐

Does your child have any **special dietary needs** that we should know about? No☐ Yes – food allergies ☐ Yes – other ☐ *(If 'Yes', please provide details below)*

Does your child have any **special care needs** that we should know about? No ☐ Psychiatric care☐ Behavioural concerns☐ Other☐

Is there **anyone who is legally restricted** from seeing your child? Yes ☐ No ☐

(If 'Yes', please indicate who this is below)

Please provide further details as required:

(Continue on separate sheet…)

Child 2 – Personal Details

Full Name:	M / F:	DOB:
Preferred name:	School year:	
Medicare number:	Position on card:	
Medicare expiry date:	Ambulance cover Y / N:	

Travel to the program – Unless indicated below, children are responsible for making their own way to Spider Brown Oval to participate in the Kids' Club. For those who require supervised transport, a 'Walking Bus' (with at least two Kids' Club leaders) will meet at the Primary COLA to depart ~3pm each day of the program.

☐ **Yes, this child requires supervision (via a 'Walking Bus') when travelling to Spider Brown Oval** (i.e. this is the only way they are allowed to get to the oval on the days they attend Kids' Club)

Do you give permission for **photos and videos** of your child taken at *Kids' Club* (or other Welcome Week events) to be displayed publicly (online & in print) unless you advise our leaders otherwise? Yes☐ No☐

Medical and care needs

Does your child have any **medical conditions** that we should know about? No☐ Prescription medication☐ Chronic illness☐ Medical allergies☐ Other☐

Does your child have any **special dietary needs** that we should know about? No☐ Yes – food allergies ☐ Yes – other ☐ *(If 'Yes', please provide details below)*

Does your child have any **special care needs** that we should know about? No ☐ Psychiatric care☐ Behavioural concerns☐ Other☐

Is there **anyone who is legally restricted** from seeing your child? Yes ☐ No ☐

(If 'Yes', please indicate who this is below)

Please provide further details as required:

(Continue on separate sheet…)

Child 3 – Personal Details

Full Name:	M / F:	DOB:
Preferred name:	School year:	
Medicare number:	Position on card:	
Medicare expiry date:	Ambulance cover Y / N:	

Travel to the program – Unless indicated below, children are responsible for making their own way to Spider Brown Oval to participate in the Kids' Club. For those who require supervised transport, a 'Walking Bus' (with at least two Kids' Club leaders) will meet at the Primary COLA to depart ~3pm each day of the program.

☐ **Yes, this child requires supervision (via a 'Walking Bus') when travelling to Spider Brown Oval** (i.e. this is the only way they are allowed to get to the oval on the days they attend Kids' Club)

Do you give permission for **photos and videos** of your child taken at *Kids' Club* (or other Welcome Week events) to be displayed publicly (online & in print) unless you advise our leaders otherwise? Yes☐ No☐

Medical and care needs

Does your child have any **medical conditions** that we should know about? No☐ Prescription medication☐ Chronic illness☐ Medical allergies☐ Other☐

Does your child have any **special dietary needs** that we should know about? No☐ Yes – food allergies ☐ Yes – other ☐ *(If 'Yes', please provide details below)*

Does your child have any **special care needs** that we should know about? No ☐ Psychiatric care☐ Behavioural concerns☐ Other☐

Is there **anyone who is legally restricted** from seeing your child? Yes ☐ No ☐

(If 'Yes', please indicate who this is below)

Please provide further details as required:

(Continue on separate sheet…)

Child 4 – Personal Details

Full Name:	M / F:	DOB:
Preferred name:	School year:	
Medicare number:	Position on card:	
Medicare expiry date:	Ambulance cover Y / N:	

Travel to the program – Unless indicated below, children are responsible for making their own way to Spider Brown Oval to participate in the Kids' Club. For those who require supervised transport, a 'Walking Bus' (with at least two Kids' Club leaders) will meet at the Primary COLA to depart ~3pm each day of the program.

☐ **Yes, this child requires supervision (via a 'Walking Bus') when travelling to Spider Brown Oval** (i.e. this is the only way they are allowed to get to the oval on the days they attend Kids' Club)

Do you give permission for **photos and videos** of your child taken at *Kids' Club* (or other Welcome Week events) to be displayed publicly (online & in print) unless you advise our leaders otherwise? Yes☐ No☐

Medical and care needs

Does your child have any **medical conditions** that we should know about? No☐ Prescription medication☐ Chronic illness☐ Medical allergies☐ Other☐

Does your child have any **special dietary needs** that we should know about? No☐ Yes – food allergies ☐ Yes – other ☐ *(If 'Yes', please provide details below)*

Does your child have any **special care needs** that we should know about? No ☐ Psychiatric care☐ Behavioural concerns☐ Other☐

Is there **anyone who is legally restricted** from seeing your child? Yes ☐ No ☐

(If 'Yes', please indicate who this is below)

Please provide further details as required:

(Continue on separate sheet…)