2026 WELCOME WEEK YOUTH CLUB

23-27 March (Mon-Fri), 3-5pm

3pm start @ Netball Courts (next to playing fields) /
5pm finish @ LR Community Church (13 Morilla Street)

+ Additional *Youth Night – see separate flyer*

(Thurs 26th Mar, 7:30-9pm @ MPC, Spider Brown Oval)

CONSENT FORM

Dear parent/guardian,

The 2026 Welcome Week ***Youth Club*** is hosted by LR Community Church (LRCC) with visiting teams from NorthLight (NL) Anglican Church & Moore Theological College (MTC), Sydney.

Youth Club is for anyone in high school (years 7-12) and runs separately from the Kids' Club for primary school children – see separate Kids' Club flyer and consent form. Youth Club will meet from 3pm daily (Mon-Fri) at the 'club house' behind the netball courts (next to playing fields) & finish at the Community Church at 5pm. Youth are to make their own way to and from Youth Club.

An additional ***Youth Night*** will also be held on Thursday 26th March, 7:30-9pm @ MPC Spider Brown Oval – see separate flyer (**Note:** All Welcome Week events are strictly alcohol- & drug-free).

Both ***Youth Club*** and ***Youth Night*** include delivery of age-appropriate, faith-based (Protestant Christian) material to all high school aged children who participate in the group.

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

YOU ARE GIVING CONSENT FOR YOUR HIGH SCHOOL AGED CHILD/REN TO ATTEND AND PARTICIPATE IN:

2026 WELCOME WEEK *YOUTH CLUB* (MON-FRI, 3-5PM)
+ OPTIONAL/ADDITIONAL *YOUTH NIGHT* (THUR, 7:30-9PM)

Please return completed forms to church office or LRCC staff member (alt. you can scan or photograph and email completed form to office@LRCC.church).

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 ***Youth Club/Youth Night*** 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 (such as, but not limited to – bullying, violence, persistent swearing, use of alcohol or drugs) may result in my child/ren being temporarily or permanently prohibited from attending the activities of ***Youth Club/Youth Night***.
- 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 ***Youth Club/Youth Night*** 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. I recognise that it is my responsibility to ensure my child/ren have a safe means of transport to and from the program (e.g. walking independently, lift with parent).

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:

If you have any questions about this form, please contact the LRCC office: 02 6829 0597, office@LRCC.church. I More info about *Youth Club / Youth Night* (plus other LRCC groups & gatherings) can be found at our website: lrccweb.site.

PLEASE PROVIDE DETAILS ON FOLLOWING PAGES FOR <u>EACH HIGH SCHOOL AGED</u> CHILD WHO WILL BE ATTENDING – THANK YOU ☺

High School Aged 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:	

Authorisations

Do you give permission for **photos and videos** of your child taken at *Youth Club / Youth Night* to be displayed publicly (online and in print) unless you advise LRCC / NL / MTC 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…)

High School Aged 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:	

Authorisations

Do you give permission for **photos and videos** of your child taken at *Youth Club / Youth Night* to be displayed publicly (online and in print) unless you advise LRCC / NL / MTC 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…)

Please add personal details for any additional high school aged children over page as required…