

BUZZ 11 Enrolment Form



Child's Name: _____

Address _____

Phone No's. _____

Parents /
Carer's Name: _____

Who will be signing the child in and out each day:

Are there any custody arrangements? **Yes /No**
If yes please
give details: _____

INDEMNITY

I, the undersigned, am willing that my child should participate in BUZZ 11. I understand that the nature of the activities at the program will include, but may not be limited to sport, games, devotions, craft, communal eating and that risks may arise during these activities. I hereby authorise the leader in charge of BUZZ 11, where it is impracticable to communicate with me, to my child receiving such medical or surgical treatment as the leader and qualified medical practitioner may deem necessary at any time. I further authorise the use of Ambulance and/or anaesthetic by a qualified medical practitioner if in his/her judgement it is necessary. I accept responsibility for payment of all expenses associated with such treatment. I understand that every effort will be made by the leader to contact me in the event of any illness or accident.

Parent's / Carer's signature _____ Date _____

PHOTO PERMISSION

I hereby give permission for my child to be photographed or feature on a video during the week of BUZZ 11.

Parent's / Carer's signature _____

PRIVACY STATEMENT

Personal information collected for BUZZ 11 is only used or disclosed to authorised persons of Bridgeman Baptist Community Church for the purpose of holding BUZZ 11.

PAYMENT SECTION

Costs: BUZZ 11: Extreme
BUZZ 11: Family Night Party

1 Child= \$40 2 Children= \$70 3 Children= \$90
\$10 per family

Holiday Program

Number of Children attending: _____ Amount Enclosed: _____ Payment by: *Cheque / Cash

Dinner

Number Attending: Adults _____ Kids _____ Amount Enclosed: _____ Payment by: *Cheque / Cash

*Made Payable to Bridgeman Baptist Community Church

Office Use Only

Payment Confirmed: **Yes / No**

Signature: _____

Buzz 11 Medical Form



The information below is requested to assist in case of illness or accident. This information will be held in confidence.

Child's Name: _____ Birth date: _____

Parent's/Guardian's Name: _____

Phone (home): _____ (work) _____

Emergency Contact Person: _____ Phone: _____

- a) Please tick if your child suffers from any of the following:
 blackouts; asthma; migraines; travel sickness
 other (please specify) _____
- b) Does your child have a medical condition or take any medication? If yes, please state the name of the condition, medication, dosage, side effects etc.

c) If your child uses asthmatic puffers/nebulisers do they need to be regulated/supervised by leaders/First Aid person? YES/NO _____

d) Please tick if your child is allergic to any of the following:
 Penicillin other (including food) _____
Any other foods your child cannot eat? _____

e) Does your child suffer from any anxieties? homesickness; animal; heights
 other (please specify) _____

Please indicate anything else we may need to know about: eg. disability, wearing glasses, recent injuries/sickness, etc.

Medicare No: _____

Medical/Hospital Fund: _____ Contribution no: _____

- i) Last tetanus immunization: _____
If over 5 years, tick if a booster is to be arranged prior to BUZZ 11
- j) Do you agree to your child having an anaesthetic or blood transfusion if necessary? YES/NO

Name of Family Doctor: _____ Phone: _____

l) Is this the first time your child has been away from home without the company of a parent/guardian? YES/NO

I certify that the particulars given on this confidential medical report are complete and correct.

Parent/Guardian's Signature: _____ Date: _____

PLEASE COMPLETE
return Enrolment/Medical Form and payment to:
Bridgeman Baptist Community Church
379 Albany Creek Road, BRIDGEMAN DOWNS QLD 4035

EXTREME



29 JUNE - 1 JULY 2011

Congratulations - you're on board for Buzz 11!!

Hold on tight because this year the BridgeKids crew are taking Holiday Buzz 2011 to the extreme!

Here are a few very important details that we need to let you know about the program:

YOU WILL NEED TO BRING:

- Walking shoes/joggers
- Hat
- Water bottle
- Sunscreen

Please note: **morning tea and lunch is provided each day.**

NOTE: You should not bring jewellery, money, radio, iPod, or electronic toys. We will not be responsible for these or any other valuables which might get lost. Please make sure all of your belongings are well named.

TIMES & VENUE

When: Wednesday June 29
to Friday July 1

Where: Bridgeman Baptist Community Church
379 Albany Creek Rd,
Bridgeman Downs

Time: 9.00am - 1.00pm

Registration starts from 8.45am as the program kicks off right on 9am

Important... You will need to be signed in and out each day at the registration tables.

FRIDAY NIGHT FAMILY PROGRAM

When: Friday July 1

Where: Bridgeman Baptist Community Church

Time: From 6.30pm

Mums and Dads and younger or older brothers and sisters don't need to miss out, the BUZZ 11 program finishes with a grand finale - the Friday night Family Program. Dinner will be served from 6.30pm and the night will include some highlights from the three days...including an **extreme world record attempt!**

It's a dress-up event, so make sure the whole family comes dressed as an extreme sports star. Cost is \$10 per family.

CONTACTS FOR BUZZ 10

If you need to pass on an urgent message during **BUZZ 11** then leaders can be contacted through the Bridgeman Baptist Community Church office by phoning 3263 1950.

If you have any questions prior to **BUZZ 11** commencing contact Pastor Trish at Bridgeman Baptist Community Church Office on 3263 1950 or via email trish@bridgeman.org.au.