

2013 NBF REGISTRATION

National Baptist Fellowship 2013
PO Box 19
SMITHFIELD SA 5114

Phone: 08 8250 8579
E-mail: rego2013nbf@gmail.com
Website: www.baptist-church.com.au

*There is no cost to Register (A free will offering will be received during the evening services)

Title: (eg Pastor, Mr; Mrs)

First Name:

Surname:

Spouse Name:

(if spouse attending)

Mailing Address:

E-mail:

Phone:

(include area code)

Children's Names & Ages:

(If children are attending the daily children & youth program)

Name of Your Home Church:

Do you require Crèche facilities? Yes / No / NA

(Crèche facilities will be available Tues – Thurs meetings (Ages 1-5) 8:30am – 1:15pm)

Number of Children for Crèche:

Are there any food allergies we should know about? Yes/No

(Please mention in comments box below)

Would you be willing to help in the Crèche for one session? Yes/No/NA

(Police Clearance Proof required)

Would you be willing to assist in the Junior NBF? Yes/No

(Police Clearance Proof required)

Would you be willing to forgo one session to join others in prayer? Yes/No

Comments:

(Is there anything you wish to mention?)

For Pastors, Missionaries, "Full-time" workers & Spouses

Will you be attending the special dinner on Monday 30th September? Yes / No

Number Attending:

For the Deaf

Will you be attending the special dinner for the Deaf on Monday 30th September? Yes / No

Number Attending:

For Youth & Young Adults Attending the special youth dinner on Monday 30th September

Number Attending:

Name/s Attending

Parent/Guardian should read and sign the Children's Program Consent and post or email this registration or Register online and sign the consent form at the NBF when you receive your name tags and info.

NBF 2013 Children's Program Consent

Medical Treatment Consent:

I, being the parent/guardian of the said children listed on this form, understand that whilst every precaution to ensure the good welfare and protection of my child, Northside Baptist Church and The Little Glory Baptist Church, its staff and volunteers acting on behalf are hereby released from any and all liability in the event of any accident or misfortune, damage or loss that may occur to the child and his/her property. In case of emergency, hereby give permission to the First Aid Staff to ensure proper treatment of my child. I understand that every effort will be made to contact me before instituting such procedures. I agree to pay all such doctor, ambulance and hospital fees incurred on behalf of my child.

Involvement Consent:

I, being the parent/guardian of the said child listed, hereby give my consent that my son/daughter may participate in any activities they choose over the course the Children's Program, whether, it is outdoor or indoor.

Emergency Contact Number/s:

Parent/Guardian Name:

Name/s of child or children:

Signature:

Date: