

Fusion Youth Registration Form 2015-2016 (For ages 11-18)

PART 1: TO BE COMPLETEED BY YOUTH MEMBER			
YOUR DETAIL\$			
Surname:			
Other Name(s)			
I like to be called:			
Sex: M/F	Age:	Date of Birth : (D) (M) _	(Y)
Service(s) I attend (you can $$ more than 1 \square):	9:30 am 🗆 11:30 am Youth Friday Growtl	ı □ h Group (6:00—8:00pm) □	
Siblings Names:		;(Age);	(Age)
		;(Age);	
Home Phone No.:			
Home Address:			
My Mobile No.:			
My Email Address:			
Parent's/Guardian's Email:			
Name of School:			
School Year (as of today):			
Gifts that you can offer to th	e Youth Ministry (you c	an√more than 1 □)	
	t,	(specify, inc. singing)	
□ play a musical instrument			
	g. PowerPoint, videos	etc.)	
\square able to operate media (e	e.g. PowerPoint, videos	etc.)	
 play a musical instrument able to operate media (e enjoy making breakfast enjoy leading games 	e.g. PowerPoint, videos	etc.)	



PART 2: TO BE COMPLETED BY PARENT/GUARDIAN

PARENT'\$ / GUARDIAN'	'S DETAILS			
Parent's/Guardian's Name:				
Child(ren)'s Name:				
Parent's/Guardian's Mobile:				
Parent's/Guardian's Email:				
Do you attend St. Andrew's Church service? If so, which one?	Yes □ No □ 8:30am □ 9:30 am □ 11:30 am □ 11:30am (Mandarin) □ 5:00pm □	1		
Accepted Jesus Christ as Saviour?	Yes □ years No □	-		
Emergency Contact person (other than above):				
Emergency Contact No.:				
Please inform us of any medica	al conditions and/or allergies that we should be aware of.			
Please list any medication your child has to take.				
PARENT AGREEMENT 家長同意書				
All programmes are instructed in English. 所有課堂均以英語講授。				
If your child is unable to communicate adequately in English, he/she will find the programmes too challenging. We advise you				
to attend our 2pm Putonghua Service or to attend a local Cantonese speaking church. 倘若閣下子女不善以英語溝通,他/				
她將感到吃力,難以跟上兒 其他粵語教會聚會。	是童主日學的進度。我們建議閣下一家參與下午 2 時的 普通話崇拜及兒童主	三日學 ,或到		
We recommend that parents	s don't place their children in Youth simply as a means of learning the English langua	ige. 我們並不		
鼓勵家長視「英語兒童主日				
	love for all our volunteers, we strongly encourage that while your children are with us			
children.	o' and attend our church services. By doing this you will share in our vision and minist	ry to your		
	aders or St. Andrew's Church staff to treat my child for minor medical needs, includication (e.g. Paracetamol, Ibuprofen) as needed, to conduct basic first aid, and thecessary.	_		
I give permission for my son/daughter to leave the church premises under adult supervision, as we may occasionally go				
offsite as a group to organise activities.				
 I understand that once my child leaves the youth programme, his/her safety and care is the responsibility of the parent. I understand that photos/video may be taken of my child for St Andrew's Church promotional purposes. These will not 				
be passed onto a third party. No child's name will be posted along with the photo on our church website.				
N.B. For press photos, paren	ntal consent will be sought.			
I have read and understood the o	above statements. 我已閱讀及明白以上同意書。			
Parent's signature 家長簽署	Date 日其	明 ————————————————————————————————————		
Please attach a recent family photo.				