PORT KENNEDY ASSOCIATION INC.

P.O. BOX 114,
64-66 DOUGLAS STREET,
THURSDAY ISLAND Q. 4875

TEL: 07 4069 2306
FAX: 07 4069 1977

Waiver Form

[photos | video | artwork | profiles | stories]

Port Kennedy Association Inc. has permission to use my photograph, likeness, artwork, profile and/or story in this and future publications, web pages and other promotional materials produced, used by and representing Port Kennedy Association Inc. I understand the circulation of the materials could be worldwide and that there will be no compensation to me for this use.

Signature Date

Parent Signature (if under 18) Date

Print Name Permanent
Phone # (optional)

Photo Date:_____

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Mura Kaimel Playgroup
Registration for Children Attending

Child's Name:

_____

(surname first in BLOCK Letters)

Date of Birth: _____ *Age:* _____

Residential Address: _____

_____

Health: (Illness, Allergies, Immunizations, Injuries) _____

_____

_____

Parents (or Guardians)

1. *Name of Mother/Father:* _____
   Residential Address: _____
   _____
   Telephone: _____

2. *Emergency Contacts:*

   Name: _____
   Residential Address: _____
   _____
   Place of Employment: _____
   Telephone: _____ *(Work)* _____ *(Home)*

   Any other relevant Information: _____
   _____
   _____

   Authority:

   I _____ *parent of* _____
   authorize the staff and employees of the Mura Kaimel Playgroup, to obtain medical attention for my child if the deem it necessary.

Signed: _____ *Date:* ____/____/____