



## SIX.THREE.OH. Member Information

<b>NAME</b>	
<b>EMAIL</b>	
<b>BIRTHDATE</b>	
<b>PHONE</b>	
<b>ADDRESS</b>	
<b>ALLERGIES</b>	
<b>MEDICAL INFO</b>	
<b>PARENT NAME</b>	
<b>PARENT PHONE</b>	
<b>PARENT EMAIL</b>	

Photographic Waiver. I understand that my child may be photographed or videoed during this youth group activities. In initialing this box I give permission for photographic materials containing my child to be used on Facebook, Noosa Anglican Website and audiovisual productions that promote SIX.THREE.OH. and other youth activities of the Anglican Church of Noosa. SIGN: \_\_\_\_\_