



SIX.THREE.OH.

7PM FRIDAY NIGHTS
GRADES 7-10

SIX.THREE.OH. Member Information

NAME	
SCHOOL	
GRADE	
EMAIL	
BIRTHDATE	
PHONE	
ADDRESS	
ALLERGIES	
MEDICAL INFO	
PARENT NAME	
PARENT PHONE	
PARENT EMAIL	

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: _____