IGNITE YOUTH

IGNITE CONFERENCE 2018

27 - 30 September 2018 at Mueller Performing Arts Centre, Rothwell

GROUP LEADER FORM

This form is required to be completed by the Group Leader for any Groups with 10+ delegates. Group registration is not complete until this Group Leader form has been returned. This form is in addition to conference registration for your group.

GROUP LEADER DETAILS:

Parish/School/Organisation: _____

Group Leader Name: _____

Email: _____

Mobile: _____

Postal Address: _____ State: _____ P/code: _____

WWCC* details: Number: _____ State: _____ Expiry: _____

*(*Working With Children Check applicable to your state or territory)*

GROUP DETAILS:

Size of group (estimated): _____ ☐ This is the first time we've had a group at Ignite Conference

Accommodation: ☐ Please contact me about Simple Accommodation *

Transport: ☐ We may require assistance to/from venue *

** NB. Limited simple accommodation and shuttle services can be provided for some groups. Ticking these options indicate only expression of interest in these items, they do not guarantee that they can be provided. We will contact you regarding applicable costs and other arrangements to assess if they can be provided.*

GROUP LEADER AGREEMENT

I am authorised to act as Leader for the group outlined on this form ("Group"). I will personally be attending Ignite Conference 2018 ("the Event") with this Group, and understand that I will be responsible for the attendance, behaviour and supervision of any delegates in my group under the age of 18. I understand that I am required to possess, and ensure any other adult leaders in my group possess, the Working With Children Check ("WWCC") required by my state or territory.

I understand that I am responsible for the complete and accurate registration of my Group in accordance with group registration process for the Event. I understand that an invoice(s) for my Group will be issued to me according to the number of registrations and, where applicable, any additional costs including simple accommodation and transport. I agree to pay any invoice(s) by the due date, unless I have made other arrangements with Emmanuel Community prior to the due date. I understand that failure to pay invoices by set deadlines, including Earlybird and Registration due dates, may incur additional fees.

I agree to collect individual Consent Forms for every member of my group (hereafter "Consent Form"). I understand that in addition to any requirements of my Group organisation, this Consent Form must include the Indemnity, Medical Treatment, Involvement and Privacy clauses supplied by Emmanuel Community, including Parental Consent for any delegates under the age of 18. I agree to submit a blank copy of the Consent Form for my Group with my Group's registrations, and in the event that my Group requires any variance in the wording of the clauses supplied by Emmanuel Community, I agree to advise this in writing to Emmanuel Community prior to confirmation of my group's registration. I agree to carry a copy of the Consent Forms for my Group, and to produce them to Emmanuel Community if requested before, during or after Ignite Conference 2018.

Full Name: _____ **Signature:** _____ **Date:** _____

Please return this form to the Ignite Conference office:

email: rego@igniteconference.com.au *post:* PO Box 126, Paddington QLD

www.igniteconference.com.au