



TEENAGE HOLIDAY PROGRAM JUNE/JULY 2016

ENROLMENT / PERMISSION FORM

FOR YOUNG PEOPLE OF SECONDARY SCHOOL AGE WHO LIVE OR GO TO SCHOOL IN THE CITY OF MELTON

Name:

Date of birth:

Age:

Phone:

Address:

Suburb:

State:

Postcode:

ACTIVITIES LIST (PLEASE TICK THE ACTIVITY THE YOUNG PERSON IS ATTENDING)

- | | | |
|--|---|--|
| <input type="checkbox"/> \$20.00 - (28/06 TUESDAY)
Gold Class & Shopping | <input type="checkbox"/> \$10.00 - (01/07 FRIDAY)
Ice Skating | <input type="checkbox"/> \$20.00 - (04/07 MONDAY)
Fun City |
| <input type="checkbox"/> \$10.00 - (06/07 WEDNESDAY)
Ballarat Wildlife | <input type="checkbox"/> \$10.00 - (07/07 THURSDAY)
Airodrome | <input type="checkbox"/> \$15.00 - (08/07 FRIDAY)
Magic Workshop |

*NB: Excursions may be altered and cancelled at late notice due to external factors and families will be notified at the earliest possible time. There are **NO REFUNDS** once payment has been made unless a doctor's certificate is supplied.*

PICK UP / DROP OFF LOCATION

☐ Melton

☐ Caroline Springs

☐ Taylors Hill

☐ Diggers Rest

WALK HOME

Is your young person able to walk home unsupervised? **Please circle.** Yes / No

PHOTOGRAPH / FILM PERMISSION

I do / do not (**please circle**) give permission for photographs / film featuring my young person being used for City of Melton promotion of programs, publication and in the media.

RESPONSIBILITIES FOR YOURSELF AND PROPERTY

Melton City Council and its staff member are free and clear of all responsibilities and liabilities whatsoever of any accident / illness or damage / theft to personal property incurred during participation in the delivery of a service or program or connect activities.

MEDICAL INFORMATION

Participants Medicare Number:

Does your child have any *medical history* / *allergies*, etc that we should know? **Please circle.** Yes / No
Details.....

Is your child currently taking any medication? **Please circle.** Yes / No

If yes, please list the name and dosage of the medication/s:

Do you give MYS staff permission to issue the above medications if required? **Please circle.** Yes / No

Print Name:

Signature: (sign here):

Date: / / 2016

Does this young person have *any additional needs* that the program staff should be aware of?

Please circle. Yes / No

Details.....



TEENAGE HOLIDAY PROGRAM JUNE/JULY 2016

ENROLMENT / PERMISSION FORM

EMERGENCY CONTACT DETAILS

IN THE EVENT OF AN EMERGENCY, WE WILL FIRST CONTACT THE PARENT / GUARDIAN. HOWEVER NOMINATE ONE ADDITIONAL PERSON OVER 18 YEARS WHO CAN COLLECT YOUR CHILD WITHIN 30 MINUTES OF NOTIFICATION:

PERSON #1

Name:	Relationship:
Address:	Phone:

PERSON #2

Name:	Relationship:
Address:	Phone:

BEHAVIOUR MANAGEMENT AGREEMENT

Council has implemented a Behaviour Management Procedure to maintain its responsibility of duty of care to young people. If the young person endangers or offends the safety of others, staff, the public or themselves, a system is in place and a procedure will be followed either through a warning system and / or parents / guardians will be called to collect the young person from the activity. For further information please call 9747 5373.

PRIVACY

The personal information requested on this form is being collected by Council for reference and identification purposes. We will only use personal information provided by you for the purposes for which it was collected and in order for Council to fulfill its business requirements. In accord with our Privacy Policy, we will not disclose your personal information without consent to a third party, institute or authority except where required by law or other regulation.

DECLARATION

I the Parent / Guardian of (young person's name) being the undersigned, acknowledges that the City of Melton Officers, Servants or Agents will take due care and attention during the course of activity / ies. However in the event of a incident occurring, I hereby and forever release, discharge, indemnify and hold the City of Melton and its servants and agents harmless for any accidents, harm, loss, death, injuries, claims and suits which may be suffered and or sustained as the result of the said activities as defined within this form, I authorise the obtaining of any necessary medical attention and agree to meet any expenses incurred.

Parent / Guardian Name:

Parent / Guardian Signature:

Date: / / **2016**

CREDIT CARD PAYMENTS

I authorize the amount of \$..... to be debited from my credit card for the cost of the Teenage Holiday Program. I understand that Council will not be held responsible for any processing delays due to card holder error.

Type of card (tick appropriate): Bank Card ☐ Visa Card ☐ Master Card ☐

Credit card number: _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ Expiry date: _ / _ / _

Cardholder name: _____

Card holder signature: _____ Date: ____ / ____ / 2016