

**Holiday Activities Committee – Term 4 2019**

**REGISTRATION FORM**

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| **YOUNG PERSONS DETAILS – must be aged between 12 to 16 years** | | | | | | |
| First name |  | | Surname |  | | |
| Gender |  | | Date of birth | **DD/MM/YYYY** | Age |  |
| Home / Mobile number | |  | Email address |  | | |
| Name of school  (If applicable) | |  | | | | |
| Home address | |  | | | | |
| Nationality / Culture | |  | | | | |

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| **CONNECTION TO CITY OF GREATER DANDENONG** (*Please tick)* | | | | | | | | |
| What connection does the young person have with the City of Greater Dandenong | Lives |  | Studies |  | Works |  | Other |  |
| If none of the above, does the young person have a significant connection to the area? Please explain. |  | | | | | | | |
| How did you hear about this program?  *Please tick* 🗹 | School / teacher Parent / guardian / carer / sibling  Facebook / Instagram Youth Services website / e-news  Youth Worker Holiday Activities Friends  Other: (Please specify) | | | | | | | |

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| **MEDICAL DETAILS** (*Please tick)* | | | | | | | | | | | | | |
| Diabetes |  | Asthma |  | Epilepsy |  | Other (please list) | | | |  | | | |
| Allergies (please list) | | |  | | | | Medicare Number | | |  | | | |
| Dietary Restrictions | | |  | | | | Ambulance Member | | | Yes |  | No |  |
| Ambulance number | | |  | | | |
| Medication (please list) | | |  | | | | | | | | | | |
| Swimming ability | | None |  | Beginner |  | Intermediate | |  | Advanced | |  | | |

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| **ADDITONAL NEEDS** (*Please tick)* | | | | | | | |
| Does the young person have any additional needs that the program should be aware of? | | | | Yes |  | No |  |
| If yes, please list any information to assist staff (e.g. Autism) | | | | | | | |
| Will a carer / an aide be attending the program / meeting with the young person | | | | Yes |  | No |  |
| Carer’s name |  | Carer’s contact number |  | | | | |

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| **REFERRAL AGENCY** (if applicable *please tick)* | | | | | | | |
| Has the young person been referred to Youth and Family Services by another agency? | | | | Yes |  | No |  |
| Agency name |  | Contact number |  | | | | |

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| **DISCLAIMER** |
| **Young People under the age of 15** **must obtain consent from a parent / guardian / significant care giver.** For young person over the age of 15, parent/ guardian/ significant care giver consent is not necessary. |

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| **EMERGENCY CONTACT INFORMATION –**  **PARENT / GUARDIAN / SIGNIFICANT CAREGIVER CONTACT DETAILS** | | |
| This information is required in case a parent / guardian / significant care giver needs to be contacted in an emergency. The contacts must be able to attend to young person if required. | | |
|  | Contact #1 | Contact #2 |
| Parent / Guardian / significant caregiver full name |  |  |
| Relationship to young person |  |  |
| Address |  |  |
| Suburb/ Postcode |  |  |
| All contact numbers |  |  |

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| **IMPORTANT PERMISSIONS**(*Please tick)*  *Please note that Council will only provide supervision to young people during the hours of program operation as outlined in the program brochure.* | | | | |
| Will a parent / guardian / significant care giver pick up and drop off the young person? | Yes |  | No |  |
| Can the young person arrive and or leave the program independently? | Yes |  | No |  |
| [Image result for camera icon](https://www.bing.com/images/search?view=detailV2&ccid=v0Uh48cM&id=9771635008832DE7FAF197DA7E413351DE68C9BC&thid=OIP.v0Uh48cMtAAyeHM2zekXKAHaD4&mediaurl=http://imageog.flaticon.com/icons/png/512/3/3901.png?size%3d1200x630f%26pad%3d10,10,10,10%26ext%3dpng%26bg%3dFFFFFFFF&exph=630&expw=1200&q=camera+icon&simid=608033944736763159&selectedIndex=5)**Do you give permission for you/your child to be photographed for publicity purposes / newspapers / council media for the City of Greater Dandenong?** | Yes |  | No |  |
| Would you/ your child like to be placed on the Youth Services mailing list for upcoming events and programs?  Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Yes |  | No |  |

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| **YOUNG PERSON AGREEMENT - Compulsory** |
| I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Young Person’s Name) agree to abide by the following rules when participating in Youth and Family Services activities:   1. No smoking, alcohol or drug use. 2. No offensive, abusive or inappropriate behaviour &/or language will be tolerated. 3. All safety guidelines and procedures, in particular on transport, must be obeyed. 4. Participants to remain with the group at all times and not permitted to leave the activity early unless with prior written permission from parent / guardian / significant care giver. 5. Instructions from Youth and Family Services staff must be followed at all times. 6. I acknowledge, I am participating in an activity with potential risks.   I understand that failing to abide by the above rules will mean that I may be asked to leave an event before it has ended. This will be at my parent / guardians / significant care givers expense.  **Young person’s signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: DD/MM/YYYY** |

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| **PARENT / GUARDIAN / SIGNIFICANT CARE GIVER AGREEMENT – this section is required if Young Person is under 15 years of age** |
| I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Parent / Guardian / Significant care giver Name) agree to abide by the following rules when participating in Youth and Family Services activities:   1. Approve of my child’s attendance and participation at City of Greater Dandenong Youth and Family Services Holiday FReeZA Committee. 2. Agree that I have provided sufficient information regarding my child/ren’s health and needs; that an assessment may be carried out to determine the program suitability for my child/ren. 3. Authorize staff, in the event of an accident or illness, to obtain all necessary medical assistance and treatment for my child/ren. 4. Agree that, the Greater Dandenong Council, and their staff are free and clear of all responsibility whatsoever for accident, illness, theft/loss of clothing or valuables during my child’s participation on any of the activities involved in the program, unless council is proven negligent. 5. Agree that Greater Dandenong Council, and their staff will not accept responsibility for injuries sustained by my children during attendance at this activity, in particular those activities resulting form behaviour contrary to the direction of Council staff and services, unless Council is proven negligent. 6. Accept that I would come to the activity to collect my child or cover any associated expenses, in the case of an emergency/illness or due to unacceptable behaviour. 7. Confirm that the above information is true and correct.   **Parent / guardian / significant care giver signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date :DD/MM/YYYY** |

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| **PRIVACY STATEMENT** |
| Thank you for being involved in a Youth and Family Services program. We have added you to our database. We respect your privacy and we will not sell or give away your personal information, unless required by law.  Occasionally, we may use your details for our own research purposes or to let you know about other council information. If you want to see your personal data, modify your details, or if you receive information from us you do not want in the future please contact 9793 2155. |

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| **VERBAL PERMISSION – OFFICE USE ONLY** | | | |
| I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name) rang the Young Persons parent / guardian / significant care giver named above and they have given verbal permission, for their child to attend the above sessions | | | |
| Worker signature |  | Date: |  |

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| OFFICE USE ONLY – | |
| I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Youth and Family Service Staff Member) have checked the whole form to ensure all sections are completed | |
| Worker Signature |  |
| Date |  |

