

REGISTRATION FORM

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					

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? <i>Please tick</i> <input checked="" type="checkbox"/>	<input type="checkbox"/> School / teacher <input type="checkbox"/> Parent / guardian / carer / sibling <input type="checkbox"/> Facebook / Instagram <input type="checkbox"/> Youth Services website / e-news <input type="checkbox"/> Youth Worker <input type="checkbox"/> Holiday Activities <input type="checkbox"/> Friends Other: _____ (Please specify)							

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		

ADDITIONAL 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	

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	

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.


**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		

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	<input type="checkbox"/>	No	<input type="checkbox"/>
Can the young person arrive and or leave the program independently?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you give permission for you/your child to be photographed for publicity purposes / newspapers / council media for the City of Greater Dandenong? 	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Would you/ your child like to be placed on the Youth Services mailing list for upcoming events and programs? Email Address: _____	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

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

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 from 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

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.

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	

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