

TEENAGE HOLIDAY PROGRAM

25 SEPTEMBER - 6 OCTOBER 2017

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: _____	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other Please Specify _____	
Young Person Phone Number: _____			
Address: _____			
Suburb: _____	State: _____	Postcode: _____	
ACTIVITIES LIST (PLEASE TICK THE ACTIVITIES THE YOUNG PERSON IS ATTENDING)			
<input type="checkbox"/> \$25.00 – 25/09/17 (MONDAY) ENCHANTED ADVENTURE TREE SURFING	<input type="checkbox"/> \$20.00 - 26/09/17 (TUESDAY) KEMIZO ENTERTAINMENT CENTRE	<input type="checkbox"/> \$10.00 - 28/09/17 (THURSDAY) SHAKESPEARE GLOBE	
<input type="checkbox"/> \$25.00 - 03/10/17 (TUESDAY) HI VOLTAGE GO KARTS	<input type="checkbox"/> \$20.00 - 05/10/17 (THURSDAY) DODGEBALL & BUBBLE SOCCER	<input type="checkbox"/> \$25.00 – 06/10/17 (FRIDAY) BOUNCE	
<small>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.</small>			
PICK UP / DROP OFF LOCATION			
<input type="checkbox"/> Melton	<input type="checkbox"/> Caroline Springs	<input type="checkbox"/> Taylors Hill	<input type="checkbox"/> Diggers Rest
WALK HOME			
Is the 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 this 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 members 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 this young person have any <i>medical history / allergies</i> , etc? Please circle. Yes / No			
Details: _____ _____ _____			
Is this young person currently taking any medication? Please circle. Yes / No			
If yes, please list the name and dosage of the medication/s: _____ _____ _____			
If required, do you give MYS staff permission to issue the above medications? Please circle. Yes / No			
Print Name: _____			
Signature: (sign here): _____		Date: / / 2017	

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

Please circle. Yes / No

Details: _____

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:

PARENT / GUARDIAN #1

Name:	Relationship:
Address:	Phone:

PARENT / GUARDIAN #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 the activities. However, in the event of an 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: __/__/2017