



**SOUTH-EAST
MONASH
LEGAL
SERVICE INC.**



Registration/Consent form

This form must be completed and returned to participate in the program

Your Details:

First Name: _____ Family Name: _____

Address: _____

Best contact number: _____ Email address: _____

Language spoken at home: _____ Date of Birth: _____

Parent/Guardian/Mentor details:

Name: _____ Date of Birth: _____

Address: _____

Best contact number: _____ Email address: _____

Relationship to participant: _____



Parent/Guardian Consent

I give permission for (name) _____ to participate in the program.

Does the young person have any allergies, medical problems and/or currently taking medication?

Yes No If yes, please specify: _____

Who can we contact in an emergency?

Name: _____ Contact number: _____



In case of an emergency, when it is not possible to talk to me, I give permission for the young person to be transported by motor vehicle/ambulance to the hospital to get medical help. The doctor may give the young person whatever medical/surgical treatment is necessary. Please note: Ambulance costs will not be covered by the program, and will be at participants own cost.

Medicare number? _____



I give permission for the young person to walk home or catch public transport [please tick 1 box

Yes No if no, young person will be collected by: _____

Does the participant have any dietary requirements?

Yes No If yes, please specify: _____



This program may require travel out of the school premises to various gyms, centers and other locations.

I give permission for the young person to take part in school trips and other activities that take place off school premises.

Yes No

I consent to Springvale Monash Legal Service to create, copy, reproduce, exhibit, publish or distribute the young person's image for the purposes of promotional, evaluative or recording materials produced by Springvale Monash Legal Service.

I understand that the above uses may include but are not limited to videotapes, photographs, websites, multimedia programs, or other types of promotional medium existing now or in the future.

Yes No

I consent to SMLS contacting me throughout the duration of the project (2 years) to collect feedback and other information for evaluation and other purposes.

Yes No

I consent to SMLS using de-identified quotes and statements in evaluation and promotional materials.

Yes No

This program at times will show video clips for educational purposes that may be MA15+ (such as from the film 'Step Brothers'). I consent for the young person to view these and similar clips.

Yes No

By signing here, you understand the risks of participating or attending this activity, and individuals take part at their own risk.

Parent/guardian name: _____

SIGN: _____ Date: ___ / ___ / ___

SMLS Privacy Statement: We collect information from you in order to provide you with services. We will not pass on information about you to anyone unless you give us written permission. Collection, access, storage, use and disclosure of information you provide to us is governed by the Privacy Act. Our privacy policy is available on request.

Liability statement: Sporting Change is an activity that may carry attendant risks. Participants should be aware of and accept these risks, and be responsible for their own action and involvement. People participate at their OWN RISK.