

PARTICIPANT DETAILS

Full Name:

Gender:

Date of Birth:

Street Address:

Suburb:

Postcode:

Mobile Number:

Email address:

Cultural / Language Background:

Do you or your family identify as Aboriginal and /or Torres Strait Islander? Yes/No/ both (please circle)

Please tick if you require any of the following:

☐ Halal ☐ Vegetarian ☐ Vegan Other dietary requirements: _____

☐ Other cultural or religious requirements: _____

EMERGENCY CONTACT FOR PARTICIPANT

Name of Emergency Contact Person Name:

Relationship:

Emergency Contact Person's number:

Name of Emergency Contact Person Name:

Relationship:

Emergency Contact Person's number:

EMERGENCY MEDICAL TREATMENT

Does the young person have any medical conditions (for example, asthma, allergies, etc)?

☐ No ☐ Yes (please give details & provide a plan if applicable) _____

Do you have any additional needs that we should be aware of?

| Tick the date/s you want to attend* | DATE OF ACTIVITY | ACTIVITY |
|-------------------------------------|--|-----------------------------------|
| | Monday 25 September | Rad Program |
| | Tuesday 26 September | Changemakers 3.0 |
| | Thursday 28 September | Trees Adventure |
| | Thursday 28 September | Big Bang |
| | Tuesday 3 October | Sea Life |
| | Thursday 5 October | Screen printing |
| TOTAL | <i>Holiday Program Office Use</i> | <i>Account: W165.3.170</i> |
| | | |

MEDIA RELEASE

During activities and programs, we take photos and videos to keep a record and celebrate what we've done in the following ways:

Facebook/Twitter (No identifiable people shots will be used), **Publications** (including fliers, annual reports), **Phoenix Blog**. If you **DO NOT** consent to the young person's image being used, please tick:

☐ I do not give consent for the young person's image to be used

Join our SMS and Mailing List

☐ Yes, I would like to get the latest news and updates on events and activities for young people in Maribyrnong. Do you prefer email or text? _____

PARTICIPATION RELEASE

I hereby and forever release, discharge, indemnify and hold harmless Maribyrnong City Council and its servants and agents for any accidents, harm, loss or damage which my child may suffer or sustain in any way connected to the activities as a part of any Youth Services program. I am aware that your program, in addition to usual dangers and risks inherent, has certain additional dangers and risks, some of which may include: physical exertion for which my child may not be prepared, weather extremes subject to sudden and unexpected change, remoteness to normal medical services, evacuation difficulties if my child is disabled. I authorize staff, in the event of an accident or illness, to obtain all necessary medical assistance and treatment for my child and I agree to meet whatever cost may be incurred in respect of the provision of any necessary medical services. In the event of my child requiring medical attention I understand that the Youth Services program workers will endeavour to communicate with me concerning the required action. I also agree that Maribyrnong City Council staff are not responsible for theft of clothing or valuables during my child's involvement in this program. The information I have provided on this form is correct.

PERMISSION – PARENT/GUARDIAN

I have read, understood, and agree to all of the above. I give permission for the named participant to attend this activity.

Signature: **Date:**...../...../.....

(Must be over 18 years old)

Relationship to young person:

PRIVACY NOTIFICATION:

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| For more information contact: Maribyrnong Youth Services: 9091 4700 |
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