



BY



Murrindindi Youth Services Registration Form

Name:.....

Address:.....

Date of Birth:/...../..... Age..... Country of Birth:.....

School attended:.....

E-Mail Address (if you have one):Phone.....

Parent/Guardian Contact Details:

Person 1- Name:.....Relationship to participant:.....

Daytime phone:..... Evening phone:.....

Person 2- Name:.....Relationship to participant:.....

Daytime phone:..... Evening phone:.....

Emergency Contact Details

(Whom should we contact if parent/guardian is not available?)

Name:.....Relationship to participant:.....

Daytime Phone:.....Evening phone:.....

MEDICAL DETAILS

Do you suffer from allergies, stings, etc? (Please specify)

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Do you suffer from any illness or condition? (i.e.: asthma, heart condition, disability, mental illness, etc)?

(Please specify).

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Are you currently on any medication? (Please specify)

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.....

Date of last tetanus injection:
Medicare number:
Name of family doctor:
Phone number.....
Ambulance membership.....
Private health insurance number:

FOR PARTICIPANT TO SIGN

While attending this Youth Program, I shall abide by all the program rules and the directions of the Murrindindi Shire Council Youth Worker, and shall not act in any way that may cause injury to others or myself.

Participant's Signature:.....Date:.....

FOR PARENT/GUARDIAN TO SIGN

I, the undersigned approve of the registration and agree by the rules and conditions of the Youth Program and to meet any costs attached hereto. I authorise you in the event of any unforeseen accident or illness to obtain such medical assistance as is required and agree to meet any expense attached hereto. I hereby authorise my child to take part in the Youth Services activities with Murrindindi Shire Council.

Parent's/Guardian's Signature:.....Date:.....

Please indicate whether you would like to receive information on other youth services programs and events. (Circle one choice) Yes / No

PERMISSION FOR MEDIA COVERAGE & PHOTOGRAPHS

Murrindindi Shire Council needs to obtain your permission, to protect your privacy, to use the photographs of young people and their families for the purpose of promotion. Please sign below to accept our use of your (your child's) image for the purpose of promotion of Murrindindi Shire Council youth program

1. I give permission for myself /my child to be involved in any media coverage on the activity.
2. I, and my child, give consent to be photographed and for the photographs to be used for public purpose. (Public purpose includes, but is not limited to, Shire website, newsletters, magazines, brochures, newspaper articles and posters).

Signed by young person Date.....

Signed by parent/guardian Date.....

Privacy Notification:

We are collecting this information for the purpose of registering your son/daughter for youth programs facilitated by Murrindindi Shire Council. The information will be used for administration purposes and to contact you in the event of an emergency, but will not be disclosed to any other party except as required by law. If you fail to provide this information, your registration may not be processed and your child may not be permitted to attend the program. You may access this information by contacting Murrindindi Shire Council on 5772 0333.

Please complete this registration form and email to youth@murrindindi.vic.gov.au stating which program your child is interested in attending.

Thankyou