Clarence City Council Youth Services

PAID / NOT PAID

Holiday Program Registration

(PLEASE COMPLETE AND RETURN BY Wednesday 3rd July 2019)

Name _____ **Date of Birth**_____
Young Person's Name

Address _____

Parent/Guardian Name _____

Email _____

Address _____

Phone (H) _____ (W) _____ (M) _____

Emergency Contact Name _____

Phone (H) _____ (W) _____ (M) _____

Holiday Program Activity - Please sign if your young person will be attending:

Tuesday 9th July, Red Decker Bus Tour & Moonah Bowl _____

Thursday 11th July, TMAG & Zone 3 _____

Tuesday 16th July, Lady Nelson Sailing & Aquatic Centre_____

Thursday 18th July, Bush Walk & Rockit Centre _____

Consent to Collection/Access

I consent / do not consent for _____ to leave the Youth Services Holiday Program without a supervisor/parent/guardian.

If someone other than myself is going to collect my young person, I agree to inform the Program Supervisor of the Youth Services Holiday Program each time.

The following people may collect my young person from Youth Services Holiday Program:

Name _____ Name _____

Address _____ Address _____

Phone _____ Phone _____ PTO ▸

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Consent to Photography

I consent / do not consent to _____ being photographed and the photographs used for promotional purposes by Clarence City Council.

Medication Consent

I give permission for staff of Clarence Council Youth Service to give _____ his / her medication.

Or: _____ is able to take his / her own medication without the assistance and I do not hold Youth Services responsible if my young person does not take his / her medication, or inappropriately takes his / her medication.

Other Requirements or Important Information

Is there anything we need to be aware of in order for your young person to participate in the program?
Yes / No
If yes, what are the requirements _____

Is there any other important information that we need to be aware of, eg allergies? Yes / No

If yes, provide details _____
Would you like the Centre Coordinator to call you about this information? Yes / No

Please list any activities your young person is not to be included in

Activity	**Reason the young person cannot participate**
_____	_____
_____	_____
_____	_____

Care and Safety Conditions

- In the event of the emergency contact being unavailable, I agree to let the Youth Services staff take my young person to the nearest medical centre and I will be responsible for any medical expenses incurred.
- I give my consent for Youth Services staff to discuss any medical matters concerning my young person's health
- I will not hold the Clarence City Council liable for any costs, actions, demands or for any damage caused in respect of any injury to, or death of any person or loss or damage to any property arising out of or in connection with this agreement. I also agree that I will indemnify and will keep indemnified the Clarence City Council against all such costs, actions, claims, demands and damage

Parent Signature _____ **Date** _____

Return to: Clarence Council Youth Service, 6 Grange Road, Rokeby 7019
Or email: gbastoni@ccc.tas.gov.au Ph: 6247 1230 M: 0407 389 581