

Meander Valley Youth Activity Registration Form 2019

(To be signed by parent or guardian if under 18)

The Youth Activity Programs provide a safe place for young people to meet, socialise, learn and participate in a wide variety of activities. Certain elements can be physically, mentally, socially and emotionally challenging. Staff will make every reasonable effort to minimise the exposure to risk.

This is an annual registration form; a consent form will need to be signed for the varying activities.

DETAILS

Participant Name: Age Date of Birth:

Home Address:

Postal address:

Phone Contacts: Home: Work:

Email mob:

Parent/Guardian: Name..... mob.

Name mob.

Emergency Contact Name mob

Doctor's name: Ph.

HEALTH

Do you suffer from any of the following: (please tick and explain)

- | | | |
|-----------------------------------|---|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Blood Disorder | <input type="checkbox"/> Allergies |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Any other medical condition |

Details:

Is this medical condition controlled by medication: Yes No

Name of Medication:

In case of emergency, do we have your permission to ring the doctor or an ambulance?

Yes No Medicare No:

Have you any other medical information we need to be aware of?

.....

Please specify any special dietary requirements:

.....

I authorise the leaders to:

- Contact the participant's nominated doctor in the event of an emergency.
- Obtain other medical assistance deemed necessary in the event of an emergency/accident, including the administration of an anaesthetic or the carrying out of necessary surgical procedures by a qualified medical practitioner
- I understand all medical & dental expenses incurred are the responsibility of the participant. (family)

Meander Valley Council is committed to upholding the right to privacy of all individuals who have dealings with the Council. Unless required by law or by a Court or Tribunal, the Council will take the necessary steps to ensure that the personal information that members of the public share with us remains confidential. How we use this information is explained in our Privacy Policy, which is available at www.meander.tas.gov.au or at the Council Office.

The health information supplied overleaf is accurate to the best of my knowledge

◆◆◆ I understand the information will be shared between Meander Valley Council (MVC) and relevant worker from partnering organisation. [eg. Deloraine House, Deloraine Trade Training Centre, Westbury Community Health Centre. (WCHC)]

Note: Health Information
The details requested on the participant health information sheet will be considered confidential by the organisers and will be treated accordingly. The information is sought in order to protect and assist the participant so that the activity may be a safe and enjoyable one.

Meander Valley Council & and partnering organisations are committed to your rights to privacy (see statement on websites) however there may be the need to disclose some or all of the information we collect to contractors or agents of the Dept. of Health and Human Services, non-government organisations, law enforcements agencies, courts or public sector bodies, particularly in the case of individuals under 18 years of age where there are strict legal requirements which may need to be disclosed to a person responsible for the individual. E.g. parent.

TRANSPORT

Please tick if appropriate

I understand transport to and from the venues or pick up points, is **NOT** the responsibility of the leaders unless prior arrangements have been made.

- I will drop off/collect my child at nominated time and venue
- Allow them to walk home.
- I give them permission to travel with nominated person

- If I have any queries regarding transport arrangements or program activities, I will contact the program coordinator
- I understand the participant will only be supervised whilst attending the program. If the participant elects to leave before the completion of the program, the coordinator will no longer be responsible for their care. [Every effort will be made to notify parent/guardian if this occurs]
- Are there any custodial or guardianship issues we need to be aware of?

Yes No *If yes, please state relevant factors.....*



Sign Here	Print Name	Signature
Parent/Guardian		
Participant (18 or over)		

PHOTO - CONSENT FORM FOR PUBLICATION OF PHOTOS

I **GIVE** Meander Valley Council (MVC) and partnering organisations, Deloraine House, Deloraine Trade Training Centre, WCHC, consent to reproduce images of (participant) in promotional publication/s. The material may appear in printed or electronic form and may be available to a global audience on the World Wide Web.

I authorise the use or reproduction of the photograph/video [for any reasonable purpose within the direction of MVC and partnering organisation] without acknowledgement and without being entitled to payment.

The copyright ownership of the images will be retained by the *Meander Valley Council or partnering organisation*. I understand and agree that if I wish to withdraw this authorisation, it will be my responsibility to inform Vicki Jordan @ MVC



Sign Here	Print Name	Signature
Parent/Guardian		
Participant (18 or over)		

Any queries please contact **Coordinator** -Vicki Jordan 0400 155 690 or vicki.jordan@mvc.tas.gov.au or MVC 6393 5300