



# PROGRAM REGISTRATION FORM

## Participant Details

FULL NAME \_\_\_\_\_

PREFERRED NAME (IF ANY) \_\_\_\_\_

ADDRESS \_\_\_\_\_

POSTCODE \_\_\_\_\_

DATE OF BIRTH / / AGE GENDER \_\_\_\_\_

SCHOOL YEAR \_\_\_\_\_

HOME PHONE ( ) PARTICIPANT'S MOBILE \_\_\_\_\_

## Parent / Guardian Details

FULL NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

SUBURB POSTCODE \_\_\_\_\_

HOME PHONE WORK \_\_\_\_\_

MOBILE \_\_\_\_\_

EMAIL \_\_\_\_\_

## Alternative Contact

FULL NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

SUBURB POSTCODE \_\_\_\_\_

RELATIONSHIP TO PARTICIPANT \_\_\_\_\_

HOME PHONE WORK \_\_\_\_\_

MOBILE \_\_\_\_\_

## Medical Information

DOCTOR'S NAME \_\_\_\_\_

DOCTOR/CLINIC PHONE NUMBER \_\_\_\_\_

MEDICARE NUMBER \_\_\_\_\_

AMBULANCE MEMBERSHIP NUMBER \_\_\_\_\_

### Does the participant take medication?

NO  YES, please attach a copy of management plan eg asthma, epilepsy or other medical condition

### Does the participant suffer from any allergies? (please include details regarding Anaphylaxis, Asthma etc).

NO  YES, if yes please provide a management plan

### Please provide details of any dietary needs.

\_\_\_\_\_

\_\_\_\_\_

### Do you have a Centrelink Health Care Card? – If so please present

YES  NO

### Please provide any relevant cultural, behavioural and/or developmental information.

\_\_\_\_\_

\_\_\_\_\_

### Depending on the type of activity, the level of direct youth worker supervision may vary. Do you give permission for the participant to attend with the following level of supervision?

Fully Supervised (Constant visual supervision)  
 Partially Supervised (Allowed to explore and return to designated area when required)

### Are there any court orders applicable to the care of the participant?

NO  YES, please provide details and/or attach a separate sheet to this form

### Which Hangout does the participant frequent most?

Youth Central  Karingal  South  North  
 Seaford  Langwarrin  Carrum Downs  Ebdale

### Do you consent to photos/videos of the participant being used for publicity purposes? E.g.: Facebook, local newspapers and Council websites/material

YES  NO

### Participant's swimming ability

Nil (cannot swim)  Beginner (can swim 25m – 50m)  Good (can swim 50m +)

### Please mark the games/movie classifications that you give permission for the participant to play/view

G  PG  M  MA 15+

### Do you consent for the participant to walk home or catch public transport?

YES  NO, please specify how young participant will get home after program.

### Do you consent for the participant to be transported to and from activities as necessary via youth bus driven by licensed youth workers?

YES  NO

Please turn over





**PLEASE NOTE:**

- **Some programs allow the young person to explore activities on their own or with friends without a youth worker present. The level of supervision varies depending on the program. If you have any concerns, please discuss with a Youth Service Officer to ensure the desired program is suitable for the participant.**
- Supervision is not available for participants who arrive before, or stay after, the listed start and finish times for an event.
- Some of the activities offered may be physically or emotionally demanding and may have inherent risks and dangers. If you have any concerns, please discuss with a Youth Service Officer.
- Every effort is made to minimise exposure to known risks, however all hazards and dangers associated with activities cannot be foreseen or may be beyond the control of staff.
- To ensure that we have up-to-date information in relation to all participants, you will be asked to complete this form each year. If any details change in the meantime, please let us know by submitting an updated registration form.

**PARENT/GUARDIAN CONSENT**

I provide my permission as indicated on this form. I also consent to medical assistance and/or the ambulance service being sought as needed in the event that the participant is injured or ill and I agree to pay all fees and expenses incurred. I also consent to basic first aid being administered to minimise risk of further harm.

Name of parent/guardian completing form: \_\_\_\_\_

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

**PARTICIPANT CONSENT FOR PHOTOS**

Do you consent to photos/videos of you being used for publicity purposes? E.g.: Facebook, local newspapers and Council websites/material

YES       NO

Signature of participant: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Photos of participants will only be published if both the parent/guardian and the participant have provided their consent.

**Privacy Statement**

Frankston City Council collects the personal information requested on this form for the purpose of registering the participant in the Frankston Youth Central School Holiday Program and managing their participation. The personal and health information collected will not be used or disclosed for any other purpose without your consent except where authorised by law. You may request access and/or correction to information held by Council by contacting the Privacy Officer on 1300 322 322.