



Young Person's
Full Name

Preferred Name

Residential Address

DOB / Age

Gender

Contact Phone

Parent/Guardian 1

Full Name

Preferred
Name

Address

Relationship

Phone

Emergency Contact

YES / NO

Drop Off
location?

YES / NO

Parent/Guardian 2

Full Name

Preferred
Name

Address

Relationship

Phone

Emergency Contact

YES / NO

Drop Off
location?

YES / NO

Medical Information

Any medical conditions/ food
allergies etc

YES / No

If YES, provide details

Can your child swim? Yes / No

What level have they achieved? _____



Other Suitable Drop-Off Location/s

Address/es

Comment/Further Information about drop-off address/location

Young Person's Declaration

I understand that the Shire's Youth Programs aim to create a safe place for all young people. I agree to treat all staff, other young people and property with respect. I understand that if I do not meet the standards required I may be excluded from the program.

Young Person's Signature

Date

Parent/Guardian Declaration

The Shire's Youth Programs aim to provide a safe and welcoming environment and our staff will do all they can to make sure all young people are safe while attending our premises and participating in programs. I understand that if I/my young person is involved in a medical emergency (determined by the staff), emergency and/or ambulance services may be requested and I agree to meet any expenses incurred for that service, treatment and/or transport. I understand that if I/my young person does not abide by the responsibilities and regulations in place, I/they may be removed from programs. I understand that the Shire does not hold the authority to keep young person's at the Centre at the request of parents/guardians.

Media Consent

The Shire's may take photos at programs, workshops and events. This means you/your young person may be included in photos that are used for reasonable promotional purposes. This may include publications, the Shire's website, social media accounts or for internal presentations. Do you give permission for the Shire to use photos of you/your young person for the purposes stated above?

Yes, I DO give permission	No, I DO NOT give permission	Is the Young Person in the care of DCP?	YES / NO
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Parent/Guardian 1 Signature

Date

Parent/Guardian 2 Signature

Date