



## 18-25 Breakaway Program Enrolment

DATE: \_\_\_\_\_

DETAILS OF YOUNG PERSON	
GIVEN NAME:	SURNAME:
DATE OF BIRTH:	AGE:
SEX (please tick): Male <input type="checkbox"/> Female <input type="checkbox"/>	MOBILE NO:
PHONE NO:	E-MAIL:
HOME ADDRESS:	
YOUNG PERSONS HEALTH INFORMATION	
DOES THIS YOUNG PERSON SUFFER FROM ANY ILLNESS OR ALLERGY? (please tick) YES <input type="checkbox"/> NO <input type="checkbox"/>	NAME OF ILLNESS OR ALLERGY:
USE MEDICATION? (please tick) YES <input type="checkbox"/> NO <input type="checkbox"/>	NAME OF MEDICATION:
DOES THIS YOUNG PERSON HAVE SPECIAL NEEDS?  YES <input type="checkbox"/> NO <input type="checkbox"/> (please tick) <i>If Yes, please complete a Disability Information Form provided by staff</i>	If yes, PLEASE SPECIFY: (such as a diagnosed disability, intellectual, sensory, physical impairments etc)
FAMILY DOCTOR:  ADDRESS:	PHONE:  DATE OF LAST TETANUS:
PARENT / GUARDIAN INFORMATION	
NAME:	NAME:
ADDRESS:	ADDRESS:
HOME / MOB NUMBER:	HOME / MOB NUMBER:
WORK NUMBER:	WORK NUMBER:
ARE THERE ANY CUSTODY ARRANGEMENTS? <i>IF YES, PROGRAM STAFF LEGALLY REQUIRES A PHOTOCOPY OF THE COURT ORDER</i>	YES <input type="checkbox"/> NO <input type="checkbox"/>
ARE YOU THE PRIMARY CARER AND THE YOUNG PERSON IN QUESTION LIVES WITH YOU AT THE ABOVE STATED ADDRESS?	YES <input type="checkbox"/> NO <input type="checkbox"/>
<p><b>If no, please specify your relationship with the young person (please tick)</b></p> <p>Mother <input type="checkbox"/>      Father <input type="checkbox"/>      Guardian <input type="checkbox"/>      Carer <input type="checkbox"/>      Other <input type="checkbox"/> _____</p> <p><b>If no, please state the residing address of the young person,</b></p> <p>ADDRESS:</p> <p>HOME / MOB NUMBER:</p>	
<p><b>IS YOUR YOUNG PERSON ALLOWED TO LEAVE THE PROGRAM ALONE / MAKE THEIR OWN WAY HOME FROM THE YOUTH VENUE?</b></p> <p><b>Please note: Young people are required to sign themselves in and out of the program. Once they have signed out they have officially left the program and therefore staff responsibility for supervision will cease.</b></p> <p>If you tick <b>NO</b>, the young person must remain at the program until a parent/guardian collects them.</p> <p>Parents/guardian will be charged \$5 for every 5 minutes that the young person is at the program after the finishing time. This contributes to paying overtime wages to staff.</p>	YES <input type="checkbox"/> NO <input type="checkbox"/>

**EMERGENCY CONTACT (At Least Two) or REGULAR CARER (if not Parent or Guardian)**

<b>1 NAME:</b>	(H) PHONE:	COMMENTS:
RELATIONSHIP:	(W) PHONE:	
	(M) PHONE:	
<b>2 NAME:</b>	(H) PHONE:	COMMENTS:
RELATIONSHIP:	(W) PHONE:	
	(M) PHONE:	

**WHO IS AUTHORISED TO COLLECT THE YOUNG PERSON? (Other than parent/guardian)**

<b>1 NAME:</b>	(H) PHONE:	COMMENTS:
RELATIONSHIP:	(W) PHONE:	
	(M) PHONE:	
<b>2 NAME:</b>	(H) PHONE:	COMMENTS:
RELATIONSHIP:	(W) PHONE:	
	(M) PHONE:	

**STAFF SUPERVISION**

<b>DOES YOUR YOUNG PERSON REQUIRE CONSTANT STAFF SUPERVISION?</b>	<i>PLEASE TICK</i> YES <input type="checkbox"/> NO <input type="checkbox"/>
<b>DO YOU ALLOW PHOTOGRAPHS / VIDEO FOOTAGE TO BE TAKEN OF YOUR YOUNG PERSON TO BE PUBLISHED IN THE MEDIA, YOUTH WEBSITE, YOUTH SERVICES PHOTO BOARD AND OR OTHER PUBLICATIONS?</b> <i>THE PRIMARY USE OF THESE PHOTOGRAPHS SHALL BE FOR COUNCIL PURPOSES.</i> Please note: Photos taken of your child by other participants on the program and or at public events / forums that is out of staff's control.	YES <input type="checkbox"/> NO <input type="checkbox"/>
<b>WHAT MOVIE / VIDEO RATING DO YOU APPROVE FOR YOUR YOUNG PERSONS VIEWING?</b>	PG <input type="checkbox"/> M <input type="checkbox"/> MA <input type="checkbox"/>
<b>FIELDTRIPS</b> <b>I GIVE MY YOUNG PERSON PERMISSION TO ATTEND FIELD TRIPS?</b> N.B Fieldtrips may include young people walking or being transported by council buses/cars to venues within the municipality.	YES <input type="checkbox"/> NO <input type="checkbox"/>
<b>PLEASE INDICATE YOUR CHILD'S SWIMMING ABILITY? (please tick)</b>	Non Swimmer <input type="checkbox"/> Intermediate <input type="checkbox"/> Experienced <input type="checkbox"/>

**PRIVACY NOTIFICATION**

Council is collecting the personal/health information requested on this form for Wyndham City Council Youth Services program provision requirements. Solely Council and its contracted service providers will use the personal/health information for that primary purpose or directly related purpose. The information shall remain private and confidential within Council and will only be disclosed to other persons or agencies as consented to by the authorised parent/guardian or in emergency situations. All emergency contacts listed have been notified and have given permission for their details to be provided. The applicant understands that the personal/health information provided is for the Wyndham City Council Youth Services program provision requirements and that they may apply to Council for access and/or amendment of the information.

I, \_\_\_\_\_ parent / guardian of \_\_\_\_\_ consent to the personal/health information collected on this form.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

**PARENT PERMISSION / CONDITIONS OF REGISTRATION**

I, \_\_\_\_\_ the undersigned approved of this application and in so doing, agree that the Wyndham City Council, its officers and Servants are to be free and clear of all responsibilities and liabilities whatsoever of any accident/illness or damage to personal property incurred during my daughter/son's participation in any activities and/or excursions connected with this enrolment. Part of the activities will include fieldtrips, which will operate under normal supervision and program guidelines. I give permission for my daughter/son to participate in fieldtrips. I further authorise the staff to obtain such medical assistance as is required and agree to meet any expenses incurred. I accept that my daughter/son will conform to standards of behaviour as directed by staff and that if my daughter/son does not adhere to these conditions further participation may be denied. I further accept that Wyndham City Council may cancel activities due to circumstances beyond its control.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)