



HOLIDAY ACTION – ADDING ADDITIONAL DAYS

YOUNG PERSON			
SURNAME:		DATE OF BIRTH:	AGE:
FIRST NAME:		GENER (please circle): Male Female	
ADDRESS:		YOUNG PERSONS MOBILE PHONE NUMBER (if applicable):	

ADDITIONAL DAYS ATTENDING HOLIDAY ACTION

Week One.					
Days	Mon	Tue	Wed	Thur	Fri
tick for attendance					
Week Two.					
Days	Mon	Tue	Wed	Thur	Fri
tick for attendance					

I _____ grant permission for my teenager to attend the excursions conducted by the Wyndham City Council Holiday Program. I understand that:

- the Young Person will walk supervised to local activities and be transported by bus to activities not in walking distance:
- there will be a minimum staff supervision ratio of 1 program staff to 15 young people with two staff being present at all times.
- my teenager/s will adhere to the Wyndham City Council's Sunsmart Policy.
- if my child is 12 years old and in grade 6 they will be able to attend the Teenage Holiday Program during the September holidays, prior to them commencing Year 7.
- my teenagers will need to bring: snacks, lunch, drinks and that they are able to bring spending money but it is their responsibility.
- Refunds will only be given if a Doctor's Certificate is presented and staff are notified prior to the day commencing of the young person not attending.
- Part of the activities MAY include fieldtrips which will operate under normal supervision and program guidelines. I give permission for my teenagers' to participate in fieldtrips.

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.

I *THE UNDERSIGNED*, approve of this application and in so doing, agree that 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 teenagers' participation in any activities and/or excursions connected with this enrolment. I further authorise the staff to obtain such medical assistance as is required and agree to meet any expenses incurred. I further declare that my teenagers' have been in good normal health, unless otherwise stated on this form and agree to advise immediately in the event of his/her contracting any ailment likely to be detrimental to the health of other participants. I accept that appropriate fees should be paid for my teenagers' participation in the program and there will be no refunds for cancellations unless a Doctor's certificate is supplied. I accept that if my teenager does not adhere to these conditions further participation may be denied.

SIGNATURE: _____ **DATE:** _____/_____/_____