



Ellimatta Youth Inc Permission Form

YOUNG PERSON'S DETAILS		
NAME:	GENDER IDENTITY: MALE/FEMALE/OTHER	
DOB:	COUNTRY OF BIRTH:	BLOOD TYPE:
MOBILE:	PH:	
*EMAIL:		
ADDRESS:		
		POSTCODE:
PARENT/GUARDIAN DETAILS		(EMERGENCY CONTACT 1)
NAME:	RELATIONSHIP:	
MOBILE:	PH:	
*EMAIL:		
ADDRESS:		
		POSTCODE:
EMERGENCY CONTACT 2		
NAME:	RELATIONSHIP:	
MOBILE:	PH:	
*EMAIL:		
ADDRESS:		
		POSTCODE:
MEDICAL/HEALTH INFORMATION		
DR:	MEDICAL CENTRE:	PH:
SPECIFY ANY MEDICAL CONDITION THE YOUNG PERSON HAS:		
ARE THEY TAKING ANY MEDICATION (include dosage and frequency):		
ALLERGIES: YES/NO DETAILS:		
DIETARY REQUIREMENTS:		
CAN SWIM? YES/NO WEAK/MEDIUM/STRONG		
ANY ADDITIONAL OR SPECIFIC NEEDS WE SHOULD BE AWARE OF?		
TETANUS? YES/NO DATE:		
PARENT/GUARDIAN PERMISSION REQUIRED IF UNDER 18:		
CAN BE INVOLVED IN MEDIA COVERAGE ON ACTIVITIES	YES/NO	
CAN BE PHOTOGRAPHED AND PHOTO'S USED FOR PUBLIC PURPOSES	YES/NO	
<small>(Public purpose includes, but is not limited to, newsletters, magazines, brochures, newspaper articles and websites)</small>		
CAN LEAVE THE YOUTH CENTRE WITHOUT PARENT/GUARDIAN	YES/NO	
CAN WALK TO BOLLYGUM PARK UNDER THE SUPERVISION OF STAFF	YES/NO	
CAN ATTEND WEEKLY DROP-IN DAYS AND FORTNIGHTLY FRIDAY NIGHTS	YES/NO	
CAN VIEW 'M' RATED FILM & TV	YES/NO	
CAN VIEW 'M+15' RATED FILM	YES/NO	

*BY PROVIDING YOUR EMAIL YOU ARE AGREEING TO RECEIVE EMAIL UPDATES AND NEWSLETTERS FROM ELLIMATTA YOUTH INC.

PARTICIPATION RELEASE

I hereby and forever release, discharge, indemnify and hold harmless Ellimatta Youth Inc. I am aware that your program, in addition to usual dangers and risks inherent, has certain additional dangers and risks, some of which may include: physical exertion for which my child may not be prepared, weather extremes subject to sudden and unexpected change, remoteness to normal medical services, evacuation difficulties if my child is disabled.

I authorize staff, in the event of an accident or illness, to obtain all necessary medical assistance and treatment for my child and I agree to meet whatever cost may be incurred in respect of the provision of any necessary medical services.

In the event of my child requiring medical attention I understand that the Youth Services program workers will endeavour to communicate with me concerning the required action.

I also agree that Ellimatta Youth Inc. staff are not responsible for theft of clothing or valuables during my child’s involvement in this program. The information I have provided on this form is correct.

PARTICIPANT SIGNATURE:

SIGNED _____

DATE: __/__/____

PARENT/GUARDIAN SIGNATURE IF UNDER 18:

SIGNED _____

DATE: __/__/____

RELATIONSHIP (MUST BE OVER 18 YEARS): _____

ELLIMATTA YOUTH INC INFORMATION PRIVACY POLICY & GUIDELINES

The personal information requested on this form is being collected by Ellimatta Youth Inc. for program's we run. The personal information will be used solely by Ellimatta Youth Inc. for that primary purpose or directly related purposes. The applicant understands that the personal information provided is for Youth Services and that they may apply to Ellimatta for access and/or amendment of the information. You may also access this information by contacting Ellimatta Youth Inc. on the details below.