

# CONSENT FOR FRIDAY NIGHT FEVER

PLEASE NOTE: PARENTS/GUARDIANS MUST COMPLETE THIS FORM FOR YOUNG PERSON TO BE ABLE TO ATTEND FRIDAY NIGHT FEVER.

## DETAILS OF YOUNG PERSON

GIVEN NAME:	SURNAME:	
DATE OF BIRTH:	AGE:	SEX (please tick): Male <input type="checkbox"/> Female <input type="checkbox"/>
HOME ADDRESS: SUBURB: POSTCODE:	(H) PHONE:	

## 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? (please tick) YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, PLEASE SPECIFY: (such as a diagnosed disability, intellectual, sensory, physical impairments etc)
DOES YOUR YOUNG PERSON REQUIRE CONSTANT STAFF SUPERVISION? YES <input type="checkbox"/> NO <input type="checkbox"/> if yes, please discuss this further with a staff member upon enrolment.	

## EMERGENCY CONTACT (Must be contactable during the event)

NAME:	(H) PHONE:	COMMENTS:
RELATIONSHIP:	(W) PHONE:	
	(M) PHONE:	

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?	YES <input type="checkbox"/> NO <input type="checkbox"/>
WHAT MOVIE / VIDEO RATING DO YOU APPROVE FOR YOUR YOUNG PERSONS VIEWING?	PG <input type="checkbox"/> M <input type="checkbox"/> MA <input type="checkbox"/>
IS YOUR YOUNG PERSON ALLOWED TO LEAVE THE PROGRAM ALONE / MAKE THEIR OWN WAY HOME? <small>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. If you tick NO, the young person must remain at the program until a parent/guardian collects them. 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.</small>	YES <input type="checkbox"/> NO <input type="checkbox"/>

## Parent Permission/Conditions of Registration

I (insert parents/guardian's full name) ..... hereby give permission for  
 (insert young person's full name) ..... to attend **FRIDAY NIGHT FEVER**  
 at the Youth Resource Centre (86 Derrimut Road, Hoppers Crossing).

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 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 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.

_____ (Parent/Legal Guardian Signature)	_____ (Date)
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### Privacy Statement

The personal information requested on this form is being collected by Wyndham City Council in relation to the FRIDAY NIGHT FEVER. The personal information will be used solely by Council for this primary or directly related secondary purpose, but shall otherwise remain private within Council unless disclosure is required in an emergency situation or required by law. You may apply to Council for access and/or amendment of the information by writing to Council's Privacy Officer.