

If yes, please name the medication & indicate the dosage

.....

Are there any triggers or concerns that the worker should know about, to provide safety of the group? Please indicate:

.....

.....

Education

Are you currently enrolled in study? Yes No

If yes, what level/year of study are you completing? _____

What school do you attend? _____

Post Activity Permission

I give my child full permission to walk home or catch public transport from AYC
Yes No

I give my child full permission to wait for transport without supervision from AYC staff after completed activities (AYC closes at 5:30pm on Monday, Tuesday and Thursday)
Yes No

Activity Permission

I give my child full permission to participate in Monday's cooking classes
Yes No

I give my child full permission to participate in Tuesday's AYC programming
Yes No

I give my child full permission to participate in Thursday's fitness program
Yes No

I give my child full permission to participate in the following program only

Please indicate what rated movie you allow your child to watch

G PG M MA 15+

Other

How did you hear about us? _____

Why have you chosen to come to AYC? _____

Aspendale Gardens Youth Cove (AYC) 2018

Photograph & Video Permission Form

Child's Name: _____

Address: _____

Date of Birth: _____

Contact number: _____

I _____ agree / do not agree **(please circle one)** that any photographs or video footage taken during my / my child's time at 'Aspendale Gardens Youth Cove' in 2018 can be used by Kingston Youth Services and Aspendale Gardens Community Centre Staff for promotional/advertising purposes, including:

- Kingston Council's and Aspendale Gardens Community Centre social media promotions (e.g. Facebook / YouTube)
- Kingston Council and Aspendale Gardens Community Centre website
- Kingston Council and Aspendale Gardens Community Centre publications, brochures and displays
- Local media (e.g. Leader Newspapers)
- Kingston Your City newspaper

MY CONTACT DETAILS ARE:

Phone:

Date:

Email:

Signed:

Participant Release Form – City of Kingston

I hereby and forever release, discharge, indemnify and hold harmless the City of Kingston and its servants and agents for any accidents, harm loss and damages which I/or my child may suffer and or sustain in any way connected to the activities as part of any Youth Services program. I acknowledge that the enjoyment and excitement of these programs is derived in part from the inherent risks incurred by experiences and activity beyond the accepted safety of life at home, work or school.

I agree that if I/or my child suffers injury of illness the City of Kingston can, at my cost, arrange medical treatment and emergency evacuation service, as the City of Kingston deem essential for my or my child's safety. In entering into this Agreement of my own free will, I am not relying on any oral, written or visual representation or statements made by the City of Kingston or its Staff or any other inducement or coercion to go on the Youth Services program.

I agree that Kingston Youth Services does not have the responsibility of my child once dismissed from the program. It is my responsibility to organise drop off and pick up or whether my child transports home via other means. I agree that if my child is misbehaving and disrupting the program then the Youth Worker can call me and I will pick up my child or allow my child to be dismissed from the Youth Centre. I agree that my child could be asked to leave the group permanently if he/she does not comply with group agreements.

As a parent or guardian, I confirm that I have read and understood the program outline and release form and I give consent for my child/or myself to participate in the program.

I confirm that I am over the age of 18 years and that I have read and understood this Agreement prior to signing it and agree that this Agreement will be binding upon my heirs, next of kin, executors, administrators and successors.

I agree that this Agreement shall be governed in all respects by and interpreted in accordance with the law of AUSTRALIA.

Participant's Name:

Parent/Guardian Name:

Parent/Guardian Signature:

Date:

Privacy Statement

Personal information collected by Council is used for municipal purposes as specified in the Local Government Act 1989. The personal information will be held securely and used solely by Council for these purposes and/or directly related purposes. Council may disclose this information to other organisations if required or permitted by legislation. The applicant understands that the personal information provided is for the above purpose and that he or she may apply to Council for access to and/or amendment of the information. Requests for access and/correction should be made to Council's Privacy Officer. A full copy of our Privacy Policy may be obtained from the Kingston website: <http://www.kingston.vic.gov.au> or from one of our Customer Service Centres and Libraries