

# Program Participation & Consent

Program Name: \_\_\_\_\_

## Participant Information

Full Name : \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Identified Gender : \_\_\_\_\_

Address: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Country of birth \_\_\_\_\_

Email : \_\_\_\_\_

Are you of Aboriginal and/or Torres Strait Islander descent? Yes  No

Do you speak a language other than English at home? Yes  No  (specify) \_\_\_\_\_

## Emergency contact

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Contact Number: \_\_\_\_\_

*\*This person must be contactable during the program time and able to give permission for emergency intervention if needed.*

## Medical Information

In order for us to ensure the safety of you/your child, please tick all that apply:

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> Asthma              | <input type="checkbox"/> Diabetes            | <input type="checkbox"/> Epilepsy                | <input type="checkbox"/> Hay Fever       |
| <input type="checkbox"/> Headaches           | <input type="checkbox"/> Allergies           | <input type="checkbox"/> Travel Sickness         | <input type="checkbox"/> Eating Disorder |
| <input type="checkbox"/> Anxiety             | <input type="checkbox"/> Depression          | <input type="checkbox"/> OCD                     | <input type="checkbox"/> ADHD/ADD        |
| <input type="checkbox"/> ODD                 | <input type="checkbox"/> Physical Disability | <input type="checkbox"/> Intellectual Disability | <input type="checkbox"/> ASD/Asperger's  |
| <input type="checkbox"/> Learning Disability | <input type="checkbox"/> Other (specify):    |  |  |

Is your child currently taking any form of medication? Yes  No

If yes, please name the medication & indicate the dosage \_\_\_\_\_

Medication and treatment that may be necessary:

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Are there any triggers or concerns that the worker should know about, to ensure you/your child's safety and the safety of the group? Please indicate:

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Are there any pre-existing physical injuries that may limit you/your child's ability to actively participate in the program? Please indicate:

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## Other

Please indicate what rated movie you allow your child to watch:

G  PG  M  MA 15+

Please list any other information that will help workers to make you/your child's experience more enjoyable, (i.e. level of ability, special needs, likes, dislikes)

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What do you hope you/your child will gain from the program?

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How did you hear about us?

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Are you/your child involved with any other services?

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## Education

Are you/your child:

Studying  Working Full time  Working Part Time  Neither

If yes, what level/year of study completing? \_\_\_\_\_

What school do you attend? \_\_\_\_\_

## Consent

*I provide the following consent:*

- Yes  No I give permission for Kingston Youth Services staff to transport me / my child to and from excursions/outings by car, bus or public transport.
- Yes  No I give full permission for Kingston Youth Services staff to leave me / my child to wait for transport without supervision from Kingston Youth Services staff after completed activities.
- Yes  No I give full permission to Kingston Youth Services staff to allow me / my child to walk home or catch public transport from all Kingston Youth Services activities.
- Yes  No I give permission for the Kingston Youth Services to keep a case history on me / my child and I understand this will contain information regarding my/my child's contact with staff. This personal information will be used solely by the City of Kingston for the purposes of providing support that is requested. The information will be kept confidential unless written permission is given or due to the Youth Service's staff members legal obligation in terms of child protection or duty of care.\*

**Consent continues**

Yes     No

I give permission for any photographs or video footage taken of me / my child while participating in programs and activities which I understand can be used by Kingston Youth Services Staff for promotional/advertising purposes, including:

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

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 am aware that your program, in addition to unusual dangers and risk inherent has certain additional dangers and risk some of which may include:

- **Physical Exertion** for which I/or my child may not be prepared
- **Weather Extremes** subject to sudden or unexpected change
- **Remoteness** to normal medical services
- **Evacuation difficulties** if I/or my child is disabled

I agree that if I/or my child suffers injury or 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.

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.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Name:** \_\_\_\_\_

**Contact :** \_\_\_\_\_

\* 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/or 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