FREE SCHOOL HOLIDAY ACTIVITIES

1 JULY - 12 JULY 2019

ENROLMENT / P	ERMISSION FORM	
FOR YOUNG PEOPLE AGED 12 – 25 YEARS WHO LIVE, WORK OR STUDY IN THE CITY OF MELTON		
Young Person's Full Name:		
Date of Birth: / / Age: Gende	r: Male Female Other (please specify)	
Email:		
Young Person's Phone Number (Required) :		
Address:		
Suburb: State:	Postcode:	
Medical Conditions / Allergies (please specify):		
ACTIVITIES LIST (DI EASE TICK THE ACTIVITIES THE VOLING DEDSON IS ATTENDING)		
ACTIVITIES LIST (PLEASE TICK THE ACTIVITIES THE YOUNG PERSON IS ATTENDING)		
WEEK 1	WEEK 2	
□ 5-A-SIDE FUTSAL	□ STREET ART	
(Please complete Competitor Registration) TUESDAY 2 JULY – 1:00 PM to 4:00 PM	TUESDAY 9 JULY - 1:00 PM to 4:00 PM	
□ CASUAL PLAY @ MELTON INDOOR REC	☐ COOK IT! EAT IT! (12 – 17 YEARS)	
TUESDAY 2 JULY – 1:00 PM to 4:00 PM	WEDNESDAY 10 JULY – 10:00 AM to 12:00 PM	
☐ LAUNCHPAD @ MELTON	☐ LAUNCHPAD @ MELTON	
WEDNESDAY 3 JULY - 2:00 PM to 5:00 PM	WEDNESDAY 10 JULY – 2:00 PM to 5:00 PM	
☐ 3v3 BASKETBALL TOURNAMENT	□ ARVO AT THE MOVIES	
(Please complete Competitor Registration) THURSDAY 4 JULY - 1:00 PM to 4:00 PM	THURSDAY 11 JULY – TIME TBC	
☐ FOOTY FEVER – AFL 9's	☐ CASUAL PLAY @ CAROLINE SPRINGS	
(Please complete Competitor Registration)	LEISURE CENTRE	
FRIDAY 5 JULY – 11:00 AM to 3:00 PM	FRIDAY 12 JULY – 1:00 PM to 4:00 PM	
□ LAUNCHPAD @ MELTON	□ LAUNCHPAD @ MELTON	
FRIDAY 5 JULY – 2:00 PM to 5:00 PM	FRIDAY 12 JULY – 2:00 PM to 5:00 PM	
DROP IN @ TAYLORS HILL FRIDAY 5 JULY – 2:00 PM to 5:00 PM	□ DROP IN @ TAYLORS HILL FRIDAY 12 JULY – 2:00 PM to 5:00 PM	
NB: Activities may be altered and cancelled at late notice due to external factors and families will be notified at the earliest possible time.		
PHOTOGRAPH / FILM PERMISSION		
I do / do not (please circle) give permission for photographs / film featuring this young person being used for City of		
Melton promotion of programs, publication and in the media.		
RESPONSIBILITIES FOR YOURSELF AND PROPERTY		
Melton City Council and its staff members are free and clear of all responsibilities and liabilities whatsoever of any		
accident / illness or damage / theft to personal property incurred during participation in the delivery of a service or		
program or connect activities.		
EMERGENCY CONTACT DETAILS		
IN THE EVENT OF AN EMERGENCY, WE WILL FIRST CONTACT THE PARENT / GUARDIAN. HOWEVER		
NOMINATE ONE ADDITIONAL PERSON OVER 18 YEARS WHO CAN COLLECT YOUR CHILD WITHIN 30 MINUTES OF NOTIFICATION:		
PARENT / GUARDIAN #1		
Name:	Relationship:	
Home phone:	Phone:	



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ENROLMENT / PERMISSION FORM		
PARENT / GUARDIAN #2		
Name:	Relationship:	
Home phone:	Phone:	
Council has a Behaviour Management Procedure to maintain its responsibility of duty of care to young people. If the		
young person endangers or offends the safety of others, staff, the public or themselves, a process is in place and a		
procedure will be followed either through a warning system and / or parents / guardians will be called to collect the		
young person from the activity. For further information please call 9747 5373.		
PRIVACY		
The personal information requested on this form is being collected by Council for reference and identification		
purposes. We will only use personal information provided by you for the purposes for which it was collected and in		
order for Council to fulfill its business requirements. In accord with our Privacy Policy, we will not disclose your		
personal information without consent to a third party, institute or authority except where required by law or other		
regulation.		
DECLARATION		
the Parent / Guardian of	(young person's name) being the	
undersigned, acknowledges that the City of Melton Officers, Servants or Agents will take due care and attention		
during the course of the activities. However, in the event of an incident occurring, I hereby and forever release,		
discharge, indemnify and hold the City of Melton and its servants and agents harmless for any accidents, harm, loss,		
death, injuries, claims and suits which may be suffered and or sustained as the result of the said activities as defined		
within this form, I authorise the obtaining of any necessary medical attention and agree to meet any expenses		
incurred.		
Parent / Guardian Name:		
raicht/ Guardian Name.		
Parent / Guardian Signature:	Date://	

