

SEPTEMBER FREE SCHOOL HOLIDAY ACTIVITIES REGISTRATION FORM

23 SEPTEMBER – 4 OCTOBER 2019

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: Gender: Male Female X

Email:

Young Person's Phone Number (Required) :

Address:

Suburb: State: Postcode:

Medical Conditions / Allergies (please specify):

ACTIVITIES LIST - Please tick the activities that the young person is attending

WEEK 1

- | | |
|--|--|
| <input type="checkbox"/> BAKE & DECORATE @ MELTON MONDAY 23 SEPT – 12:00 PM to 3:00 PM | <input type="checkbox"/> CASUAL PLAY @ MELTON INDOOR REC MONDAY 23 SEPT – 3:30 PM to 5:30 PM |
| <input type="checkbox"/> FISHING CLINIC TUESDAY 24 SEPT – 10:00 AM to 1:00 PM | <input type="checkbox"/> LAUNCHPAD WEDNESDAY 25 SEPT – 3:00 PM to 6:00 PM |

WEEK 2

- | | |
|---|---|
| <input type="checkbox"/> RAMPFEST INDOOR SKATEPARK MONDAY 30 SEPT – 11:00 AM to 3:00 PM NB: An additional transport waiver to be completed | <input type="checkbox"/> BAKE & DECORATE @ TAYLORS HILL TUESDAY 1 OCT – 12:00 PM to 3:00 PM |
| <input type="checkbox"/> ART ATTACK! WEDNESDAY 2 OCT – 12:00 PM to 3:00 PM | <input type="checkbox"/> LAUNCHPAD WEDNESDAY 2 OCT – 3:00 PM to 6:00 PM |
| <input type="checkbox"/> CASUAL PLAY @ CS LEISURE CENTRE THURSDAY 3 OCT – 3:30 PM to 5:30 PM | <input type="checkbox"/> LAUNCHPAD FRIDAY 4 OCT – 3:00 PM to 6:00 PM |
| <input type="checkbox"/> TAYLORS HILL DROP IN FRIDAY 4 OCT – 3:00 PM to 6:00 PM | <input type="checkbox"/> YOUTH MOVIE NIGHT FRIDAY 4 OCT – 6:00 PM to 9:00 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.

CONCLUSION OF PROGRAM PERMISSION

I do / do not (**please circle**) give permission for this young person to leave the nominated activities at its conclusion without a parent / guardian present.

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.

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EMERGENCY CONTACT DETAILS

In case of an emergency, please nominate 2 emergency contacts that are over 18 years of age and who can collect this young person within 30 minutes of notification:

EMERGENCY CONTACT #1

| | |
|--------------------|----------------------|
| Name: | Relationship: |
| Home phone: | Mobile: |

EMERGENCY CONTACT #2

| | |
|--------------------|----------------------|
| Name: | Relationship: |
| Home phone: | Mobile: |

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 fulfil 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

I _____ 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:

Parent / Guardian Signature:

Date: ____ / ____ / ____

Please return your completed Registration Form at least one day prior to your first nominated activity to Stephanie at stephanies@melton.vic.gov.au.