



Youth Week 2020

***Bowling – Laser Tag – Dark Ride – Rock Climbing – Bouldering – Arcades
Travelling via Bus to Griffith – Socks & Enclosed shoes required***

Personal Contact Details

Family Name/s: _____ Name of Child: _____

Date of Birth: / / Preferred Name: _____

Address: _____

Phone: _____ Mobile: _____

E-mail: _____

Alternate emergency contacts:

1. Name: _____ Relationship to child: _____ Phone: _____

2. Name: _____ Relationship to child: _____ Phone: _____

Please give details (name, address and phone number) of other persons who you authorise to collect your child/ren in your absence, while in the care of the above-named group:

1. _____ 2. _____

Are there any family situations we should be aware of? Eg: custodial issues, other matters (please specify)

Participant Mobile Number

Does your child have a mobile phone on which they can be contacted by the leaders in charge during the day, if required?

If they do, that number is: _____

Permission to be Photographed or Filmed

I give my permission for my child to be photographed or videotaped. I understand that the image may be displayed in the Council Newsletter, social media and/or Website. I understand that as a precaution my child's name will not be published or linked with photographs.

Signed _____ Date _____

Confidential Medical Report

The information below is requested to assist in case of any illness or accident. This information will be held in confidence. **Those with management plans please attach copies.**

1. Please tick if your child suffers from any of the following:

☐ Heart condition;

☐ Blackouts;

☐ Asthma;

☐ Diabetes

☐ Other (please

specify_____

2. Is your child presently taking medication? Yes / No If yes, please state the name of the medication, dosage, etc.

Does your child self-administer? Y / N

3. Is your child allergic to:

☐ Penicillin

☐ bee stings

☐ Other drugs or food: (please specify)

4. Please list other physical or special needs if any: (eg. Dietary requirements)

I authorise the leader/s in charge of the above-mentioned group where it is impractical to communicate with me, to arrange for my child to receive such medical or surgical treatment as the leader/s may deem necessary at any time during the activities of **Murrumbidgee Council Youth Week 2020**. I further authorise the use of Ambulance and/or anaesthetic by a qualified medical practitioner if in his/her judgement it is necessary. I accept responsibility for payment of all expenses associated with such treatment.

I appreciate that every care will be taken by the leaders and those connected with that group cannot be held responsible for personal injury, loss or theft of property affecting my child.

Signature of Parent/Guardian:

_____ Name: _____ Date _____

Participant Declaration

I, (participant's name) _____, agree to abide by the rules and instructions given by the Youth Week Leaders in charge during Youth Week activities on 05/04/2020.

Signature: _____ Date: _____

Enclosed shoes & socks must be worn to participate in most activities

Family Funland waiver attached which requires Parental/Guardian consent

Please note:

- Council will supply snacks/drinks & Pizza for Lunch
- Departure time - please **be at pick up points at least 10 minutes prior** – we cannot wait for late arrivals.
Jerilderie 9.00am, Coleambally 9.50am, Darlington Point 10.30am
- Arrival time back in (Approximately) Darlington Point 4.30pm, Coleambally 5.00pm & Jerilderie 6.00pm.
- Bus will be departing from all Council Offices.
- Enclosed shoes & socks must be worn to participate in most activities

Privacy Information

*All the information recorded on this form has been collected for the primary purpose of Murrumbidgee Council and may be used for any activities conducted or promoted by Murrumbidgee Council Youth Week events.
If you do not consent to images obtaining your child to be included on our social media or Website, please contact Eden Hercus or Sue Mitchell on (03) 5886 1200*

Please turn the page for Family Funland's Waiver