

PROGRAM REGISTRATION FORM

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| Name of Program | |
| Name of Child/Young Person | |
| Address of Child/Young Person | |
| Phone Contact for Child/Young Person | |
| Name of Parent/Guardian | |
| Contact details for Parent/Guardian | |
| Name of person/s approved to provide transport to and from program | |
| Who has authority to collect this child? (If these details change, please notify Adam Hale in writing) | |
| Emergency contact person/s & contact details | |
| Please describe any special requirements, or guardianship issues you need to inform us about | |

All leaders in the program have completed Working with Vulnerable People registration and training.

Behavior Expectation: Children/young people attending this program are expected to be courteous to others and follow instructions of the leaders during the program.

Parent/ Guardian permission:

- I give my permission for my son/daughter/ward (please circle as appropriate) to attend the abovementioned program.
- I have discussed the behavior expectation with them and they have agreed to meet this expectation.
- I give permission for medical treatment to be accessed during a medical emergency. I understand I will be contacted immediately should urgent medical treatment be necessary.
- I give permission for my son/daughter/ward to be photographed to use as promotional material for our Youth program.

Signature: _____

Date: _____

Name: _____

Please complete the attached Medical Information Form and return it with Registration Form

Medical Information Form

INFORMATION FOR EMERGENCY USE ONLY

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|---|--|
| Name of child or young person | |
| Person to contact in an emergency | |
| Telephone No of emergency contact | |
| Name of Family Doctor | |
| Doctor's Address | |
| Doctor's Contact No | |
| Medicare number | |
| List any medical conditions your child suffers from | |
| List any allergies your child suffers from | |
| Medications to be administered in an emergency (including any specific directions for administering the medication) | |

Parent / Guardian signature: _____

Date: _____