



CITY OF STIRLING – YOUTH PROGRAMME

It is essential that Parents/Guardians and Participants complete this form and return it to staff with money prior to the commencement of the programme.

Name of Participant: _____

Activity Attending: _____ Activity Date: _____

Age: _____ Male Female

School Enrolled at: _____

Home Address: _____

Home Telephone Number: _____

In Emergency Telephone: Day _____ (Name) _____

Evening _____ (Name) _____

Name of Family Doctor: _____ (Telephone) _____

Please provide Participants Medicare Number: _____

Please Tick appropriate box:	Yes	No	Specify condition and action required
Allergies to medication, food etc			
Asthma			
Bee Stings			
Diabetes			
Hay Fever			
Hearing or Ears			
Heart Disorders			
Disabilities			
Other			
Vegetarian			
Able to swim 50 meters			
Please specify current swimming level			

NB Please ensure that the young person knows how to use their own medication as required. It is the responsibility of the young person to carry and administer the appropriate medication. Staff will not carry and administer medication.

Does the young person have current immunisation against Tetanus? **Yes / No**

While all due care and attention is taken, the City Of Stirling and its employees will not be liable for any injury, loss or damage suffered by any person participating in activities, as a result of any cause act or omission other than the negligence of the excursion leaders employed by the City Of Stirling.

In case of accident, incident or injury, I give my permission for any necessary medical treatment at the discretion of staff and agree to meet any expenses incurred. It is expected that the young person will stay with the designated staff for the duration of the outing. Staff will not be held responsible if the young person decides to leave our care. Measure will be taken at all times to keep the group together.

I hereby give my permission for my young person to attend the City of Stirling Youth Programme. I understand that any unacceptable behaviour by this young person may result in immediate exclusion from the programme, and that this young person will be returned home utilising public transport or at my expense.

Parent / Guardian Name: _____

Signature: _____ Date: _____

I agree to abide by the programme conditions

Participant Name: _____

Signature: _____ Date: _____

PLEASE NOTE: Limited spaces are available so please return this form and money ASAP to confirm place. Please note there will be no refund of money. If you have any enquires or require further information please do not hesitate to contact the Youth Services Coordinator on 9345 8586.