

MONDAY YOUTH OUTING PROGRAMME

REGISTRATION FORM

The City of Stirling Youth Services is committed to protecting the personal information it holds and uses about you as per the Privacy Agreement (Private Sector) Act 2000. We will only collect information that is necessary for our service, which include 'Duty of Care' responsibilities, Statistical Data for analysis and to provide useful information (i.e. holiday programmes). We will take all reasonable steps to protect the information we hold about you from unauthorised access, use and disclosure. We will destroy your information when it is no longer required.

Full Name: _____

Address: _____

School Enrolled: _____ **Employed: Yes / No**

Date of Birth: _____ **Male** **Female**

Parent/Guardian Name/s: _____ (Mother)

_____ (Father) _____ (other - please specify)

Contact Phone Number/s: _____ (Home) _____ (Mobile)

Emergency Contact Number (other than Parent/Guardian): _____

Name of Family Doctor: _____ **Telephone number:** _____

Medicare No: _____

Do you have a medical condition we should be aware of? Yes / No

If so, please specify: _____

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 centre activities/programmes.

I understand this information is for the City's Youth and Child Services staff only and will not be provided to any person/s without my consent. Reasons for your personal details to be released would be for illegal action or if medical attention is required.

I understand that any unacceptable behaviour may result in immediate exclusion from the programme and that Parent/Guardian and/or security will be notified.

Client's signature: _____ **Dated:** _____

Youth Coordinator's Signature: _____ **Dated:** _____