Youth Advisory Group Membership Application Form

This form will enable you to participate in activities run by the Youth Advisory Group or attend events run for members. Please complete and email to shire@mundaring.wa.gov.au.

It is important to keep the information you provide in this form up-to-date, therefore please email any changes to cefy@mundaring.wa.gov.au.

For further information, please contact the youth services team on 9290 6790.

MEMBER DETAILS

First Name: ……..Last Name: ……...

Date of Birth: ……..…….. Gender: …… Phone: ……..

Address: ……

……

Email: ……

PARENT / GUARDIAN DETAILS (if under 18)

Name: ……

Relationship to Participant: ……

Mobile: …….. Work Phone: ……..

Email: ……

EMERGENCY CONTACT DETAILS (If different to Parent/Guardian)

In the case of an emergency we will always try and call the Parent/Guardian contact first, however if they are uncontactable this emergency contact will be used.

Secondary Emergency Contact Person Name: ……

Relationship to Participant: ……

Phone Number: …… Work Phone: ……

MEDICAL / EMERGENCY DETAILS

	No	Yes	Please provide details or attach separately if necessary
Food / other Allergies	◯	◯	…..…….....
Medication (if appropriate)	◯	◯	……....
Dietary requirements	◯	◯	……....
Medical condition	◯	◯	……....

Other: …….....

PHOTOGRAPHY CONSENT

I give permission for the Shire of Mundaring to use my child's photograph for promotional purposes. I am aware that this photo may be used in media, print, social media and electronic advertising, and any other forms of advertising at the Shire of Mundaring's discretion. I agree that I will not seek from the Shire of Mundaring any talent fees or compensation for using the photograph.

Do you give photography consent for your child if under 18 or yourself if you are over 18?

Yes ◯ No ◯

Why do you want to be part of the Youth Advisory Group?

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……...

What Activities/Events would you like to be part of?

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……...

ATTENDANCE CONDITIONS / CONSENT

- As the parent/guardian of _____ I consent to their participating in this Group.
- I give consent to staff to take whatever action is deemed necessary to ensure the safety and wellbeing of this participant.
- I authorise staff to obtain medical assistance that they deem necessary and agree all medical expenses (including ambulance transportation) for this participant is the responsibility of the parent/guardian.
- I release the Shire of Mundaring, its staff and contractors, and indemnify all against any accidents affecting the participant, and loss and damage to personal property when taking part in Shire of Mundaring Youth Services programs and events.
- I understand that some travel may be required as part of the participant's involvement in Shire of Mundaring Youth Services programs and events. I agree to allow staff and/or contractors to transport this participant.

If <u>under 18</u> please have your Parent or Guardian sign below:

Name: …….. Signature: …… Date: ……..

If <u>over 18</u> please sign below:

Name: …….. Signature: …… Date: ……..

For further information regarding how we collect, store, use, protect and disclose your personal information, please click <u>here</u>