

# Registration Form



**PROGRAM:** \_\_\_\_\_ **DATE** \_\_\_ / \_\_\_ / \_\_\_

**PARTICIPANT DETAILS:**

Name: \_\_\_\_\_

Male / Female (please circle)

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Contact No: \_\_\_\_\_

Mobile No: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Emergency Contact No: \_\_\_\_\_

Is the participant Aboriginal or Torres Strait Islander? Yes / No (please circle)

**MEDICAL DETAILS**

Heath Issues	RELEVANT DETAILS (please attach management plan where available)
Required medication?	
Respiratory/asthma?	
Heart problems?	
Allergies or phobias?	
Epilepsy?	
Behavioural Issues?	
Dietary requirements?	
Other?	

**CONTACT DETAILS**

Cove Youth Service  
 T (08) 7420 6449  
 E [coveyouthservice@marion.sa.gov.au](mailto:coveyouthservice@marion.sa.gov.au)  
 Suite 11/1 Zwerner Drive, Hallett Cove  
[marion.sa.gov.au/youth](http://marion.sa.gov.au/youth)  
[facebook.com/coveyouthservice](https://facebook.com/coveyouthservice)



Please complete both sides of this form

As a parent/guardian of \_\_\_\_\_ I consent to their participating in the program. **OR**

I, \_\_\_\_\_ being over 18 years of age, consent to participating in the program with the following conditions.

I understand that this program/activity is aimed to support and encourage myself (if over 18) / my son/daughter and I agree that I/they will participate in all aspects of the program.

I agree to any special conditions that may be associated with the activity/ program.

I agree to delegate my authority to the staff and instructors involved. I give consent to the staff and instructors to take whatever action deemed necessary to ensure the safety and wellbeing of all involved. I also authorise the program instructors to obtain medical assistance that they deem necessary should an accident occur and agree all medical and dental expenses incurred for this participant is the responsibility of the parent.

I further legally authorise qualified medical practitioners to administer an anesthetic or carry out necessary surgical procedures if such a situation should arise. I also give my consent for the participant's local doctor or medical specialists to be contacted in an emergency.

I further release the staff of The City of Marion and visiting instructors from all liability and responsibility for injury, illness or damages which may befall or occur to the participant during the program and agree to indemnify The City of Marion, its staff and contractors for and against any liability, damages and claims and cost of defending such claims whatsoever.

I give permission for myself (if over 18) or my child/child in my care to have photographs taken during the activity that may be used for promotional material or publications including social media. **YES / NO (please circle)**

I have provided the City of Marion with updated medical information for myself (if over 18) or my child/child in my care. **YES / NO (please circle)**

**Parent/Guardian name, or own name if over 18:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_ / \_\_\_ / 2015

**ADMIN USE ONLY**

**Parent/Guardian Verbal Consent if under 18 years**

Parent / Guardian Contacted by: \_\_\_\_\_ (Name of worker)

Identity of Parent/Guardian Confirmed (what is your child's date of birth and address?) **Y / N**

Consent to Participate Given: **Y / N**

Medical Details Given: **Y / N**

Photo Consent Given: **Y / N**

Parent / Guardian agreed to post a signed copy of registration forms at a later date: **Y / N**