

Youth Holiday Program

Youth Services for 12 – 18 years old

ENROLMENT FORM



Enrolments and payments can be made on Thursday Nights from 4pm to 7pm at Hillsdale Community Hall, 236 Bunnerong Road, Hillsdale. For further information contact Yasemin on 0447 116 805.

1. No refunds on fees once paid, unless the program is cancelled or due to insufficient numbers, inclement weather or other extenuating circumstances at the discretion of Bayside Council Youth Services.
2. Payment must be made upon booking, cash only.
3. Booking can only be done in person. No phone bookings.
4. Bayside Council's Community Life and its Youth Workers reserve the right to exclude any young person from any activity due to disruptive or dangerous behaviour.
5. No young person is permitted to attend an activity without a completed permission form.
6. Young people attending outdoor activities must wear a hat and sunscreen.

Activities Attending					
Week 1 - 30th Sept – 4th Oct 2019					
<input type="radio"/> Mon. 30	Ice Skating	\$25	<input type="radio"/> Tue. 1	Eastlakes Youth Drop-In	FREE
<input type="radio"/> Wed. 2	Banksy Art Exhibition	\$40	<input type="radio"/> Thur. 3	Hillsdale Youth Drop-In	FREE
<input type="radio"/> Fri. 4	Botany Pool	\$5	<input type="radio"/> Fri. 4	Girls Night at Youth Drop-In	FREE
Week 2 - 7th Oct – 11th Oct 2019					
<input type="radio"/> Mon. 7	Public Holiday	CLOSED	<input type="radio"/> Tue. 8	Eastlakes Youth Drop-In	FREE
<input type="radio"/> Wed. 9	Jamberoo	FREE	<input type="radio"/> Thur. 10	Hillsdale Youth Drop-In	FREE
<input type="radio"/> Fri. 11	Movies	\$20	<input type="radio"/> Fri. 11	Girls Night at Youth Drop-In	FREE

Young Person's Details			
Family Name		Given Name	
Unit/Street No.		Street Name	
Land Line		Mobile	
Age		DOB	
Suburb		Postcode	
Email			

Young person can independently make their way home Yes ☐ No ☐ note: _____

Permission for Publicity
I give Bayside Council permission to take my photograph and use it at any time in a Council publication, display etc where it may be viewed by anyone from the local or wider community. This photo is being taken by a Council staff member or a contractor of Council.
<input type="checkbox"/>

Emergency Contact Details		
Ms/Mr/Mrs/Other	Family Name	Given Name
Relationship to young person		
Land Line	Work	Mobile

Medical Details	
Family Doctor's Name	Work Land Line
Young person's Medicare Number	
Does the young person have a disability? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please list	
Does your young person have any Medical Conditions e.g. Allergies, asthma, epilepsy, diabetes, travel sickness, heart condition, etc. Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please list Mediation / Asthma Action Plan:	
Is there any further information that staff should be aware of including special dietary requirement, behavioural issues, social issues, religious/cultural considerations Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please specify	

Parent/Guardian's Permission

I give permission for the staff of the Bayside Council Youth Holiday Program to seek medical treatment for my son/daughter should this be considered necessary.

In case of an emergency, I understand that my son/daughter will be transported by ambulance to a hospital. If my son/daughter is transported by ambulance, I understand that I may incur a cost.

I agree that neither the Bayside Council nor its staff are liable for any damage or injury that may be incurred by and/or to my son/daughter attending youth services programs or any of the activities in connection with the programs, including excursions.

Bayside Council will take no responsibility for stolen/misplaced valuables or personal belongings.

Parent/Guardian's Name	Parent/Guardian's Signature	Date
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Court Orders	
Are there any court orders/any access arrangements applicable to the care of the young person?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Please describe arrangements	
(Please note: if there is a custody issue, a copy of the order will be required and photo ID will be asked for)	

Other Information	
How do you wish to receive the youth holiday program information in the future?	
Email only <input type="checkbox"/>	Mail only <input type="checkbox"/> Both <input type="checkbox"/> Email _____
What school does the young person attend?	
How did you hear about us?	
Friend <input type="checkbox"/>	Local Paper <input type="checkbox"/> School Newsletter <input type="checkbox"/> Other: _____

Privacy Statement: The personal information provided on this form (including your name and other details) will be handled in accordance with the Privacy and Personal Information Protection Act 1998 and may be available to the public under various legislation. Refer also to the Privacy Statement on Council's website

OFFICE USE ONLY	Receipt No.	Date	\$
OFFICER AND SIGNATURE	Name	Signature	