

SCHOOL HOLIDAY PROGRAM BOOKING FORM

To ensure your booking please read the booking checklist and follow the booking procedure in the brochure.

ACTIVITIES Please indicate which activities you would like to participate in (maximum 4 paid activities).

Transport is provided from the following locations.

Please indicate where you wish to be picked up. You will be dropped off back at the same location:

RICHMOND

North Richmond
Community Health Centre
23 Lennox Street,
North Richmond
Melway map 2G K3

COLLINGWOOD

Youth Space
253 Hoddle Street,
Collingwood
Melway map 2C H9

FITZROY

Yarra Community
Youth Centre
156 Napier Street, Fitzroy
Melway map 2C B10

Week 1

- Tuesday 8 April – Skate, Paint & Ball (FREE)
Pickup: Richmond Collingwood Fitzroy
- Wednesday 9 April – Richmond Live Art (FREE)
Pickup: Richmond Collingwood Fitzroy
- Thursday 10 April – Poetry Slam (FREE)
Pickup: Richmond Collingwood Fitzroy
- Friday 11 April – Kayaking on the Yarra
Pickup: Richmond Collingwood Fitzroy

Week 2

- Monday 14 April – Melbourne Sky/Mini Golf
Pickup: Richmond Collingwood Fitzroy
- Tuesday 15 April – Werribee Zoo
Pickup: Richmond Collingwood Fitzroy
- Wednesday 16 April – Bounce
Pickup: Richmond Collingwood Fitzroy
- Thursday 17 April – Roller City
Pickup: Richmond Collingwood Fitzroy

Total number of activities attending:

Total amount \$

(x \$15.00 full fee / \$2.70 concession per activity)

IMPORTANT You must show your Health Care Card to receive a discount.

If you require any assistance with paying please speak to the Youth Development Officer on 9426 1455.

BOOKING CHECKLIST

Places in the Holiday Program are limited, so to ensure you don't miss out, please read the following checklist before submitting this booking form.

- > are you aged 12–18 years? Please note that 12 year olds who attend primary school are not eligible for this program, but can instead attend Council's Vacation Care Program)
- > do you live, work or study in the City of Yarra?
- > are you eligible for a concession?
- > do you have special needs or require extra assistance?
- > have all sections of the form been completed?
- > has your parent/guardian signed the form?

PARTICIPANT DETAILS (Please complete all fields)

First Name: Family Name:

Address:

Phone: Email:

Male Female Date of Birth: / / Age:

Participant's country of birth: Parent's country of birth:

Languages spoken at home:

Does the participant attend secondary school, university or TAFE? Yes No

Name of school/university/TAFE: Year:

Swimming ability: how far can you swim unassisted? non-swimmer less than 25m 25–50m 50–200m 200m+

How/Where did you hear about the Holiday Program? school friend or relative mailing List past attendance other

Would you like to go on the Yarra Youth Services Mailing list? Yes No

MEDICAL INFORMATION (Parent/Guardian to complete)

Participant's Medicare number:

Is your child currently taking any form of medication? Yes No

If yes, please list the name and dosage of the medication/s:

Please indicate **ANY CONDITIONS** the participant may have and give details in the space provided:

Asthma	<input type="checkbox"/> Yes <input type="checkbox"/> No	Headaches	<input type="checkbox"/> Yes <input type="checkbox"/> No
Allergies	<input type="checkbox"/> Yes <input type="checkbox"/> No	Travel Sickness	<input type="checkbox"/> Yes <input type="checkbox"/> No
Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No	Behavioural issues	<input type="checkbox"/> Yes <input type="checkbox"/> No
Epilepsy	<input type="checkbox"/> Yes <input type="checkbox"/> No	Mental Health issues	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hayfever	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other	<input type="checkbox"/> Yes <input type="checkbox"/> No

Any special dietary requirements?

SCHOOL HOLIDAY PROGRAM BOOKING FORM (cont.)

Emergency Contact

In the event of an emergency, we will first attempt to contact the Parent/Guardian. However, please nominate one additional person over 18 years OTHER than the Parent/Guardian who can collect your child within 30 minutes of notification:

First Name: Family Name:

Relationship to child: Language spoken:

Phone numbers Home: Work: Mobile:

Address:

Special Needs

Please describe any additional or special needs of your child we should be aware of:
(i.e. special needs, disability, difficulty socialising with others, behavioural issues, learning difficulties)

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Does your child require additional staff support? Yes No (If yes a staff member will contact you to discuss further)

Is your child currently involved with other services/agencies? Yes No

If yes, state the name of the service/agency and the worker's name:

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Parent/Guardian Consent and Declaration

This section must be completed by an adult (over the age of 18) who has responsibility for the young person's well-being. Please sign and print your name below, to indicate you have read and understood each of the following statements:

- I am willing for my child to participate in the activities offered by the program.
- I acknowledge that I have received all the information I require regarding the program.
- I understand that some parts of the activity in which my child intends to participate could be physically or emotionally demanding.
- I understand that certain risks and dangers may exist in the activities in which my child is participating.
- I acknowledge that while every reasonable effort to minimise exposure to risk will be taken, all hazards and dangers associated with the activity cannot be foreseen or may be beyond control.
- I give my consent to Youth Services staff, where appropriate, to contact medical authorities and/or the ambulance service, and if appropriate administer basic first aid procedures if required in the event of an injury or illness.
- I give my consent for Council to collect health and personal information for the purpose of registering my child for the School Holiday Program and understand that information will be used for administration purposes.
- I agree for information to be used to contact me in the event of an emergency or in the case of serious misbehaviour.

I, hereby agree to indemnify and keep indemnified Yarra City Council, its servants and agents, from and against all actions, costs, claims, charges, expenses and damages whatsoever, which may be brought or made against them or any of them arising out of, or in connections with the activity, except to the extent that Yarra City Council, its servants, agents contributed to the loss and liability. I consent to program staff seeking any medical assistance that is necessary in the event of accident or illness and I agree to pay all the fees and expenses incurred. Furthermore, I understand that program staff cannot accept supervision responsibility for young people arriving before or staying after the listed hours of an activity or event.

Parent/Guardian's Name: Phone number:

Parent/Guardian's Signature (sign here): Date:

Photographic Permission

Our organisation often takes photographs of young people to use in the promotion of our programs. Photos may be used in Council publications such as Yarra News, the Youth Services Holiday Program or on Council's website.

Please indicate your consent for your child's photograph being used for these purposes: Yes No

