



**MT DRUITT LEARNING GROUND – YOUTH ACTIVITIES PROGRAM (YAP)
ENROLMENT FORM 2018**

PARTICIPANT

| | | |
|-------------------------|----------------------------|------------|
| NAME: | YEAR | AGE |
| ADDRESS: | | |
| EMAIL: | | |
| PHONE (AT HOME): | MOBILE PARTICIPANT: | |
| DATE OF BIRTH: | NATIONALITY: | |

IF APPLICANT IS UNDER 18 – PARENT/GUARDIAN

| | |
|-----------------|----------------|
| NAME: | |
| ADDRESS: | |
| EMAIL: | |
| PHONE: | MOBILE: |

EMERGENCY CONTACT OTHER THAN PARENT/GUARDIAN

| | |
|-----------------|----------------|
| NAME: | |
| ADDRESS: | |
| EMAIL: | |
| PHONE: | MOBILE: |

MEDICAL INFORMATION

| | | |
|---|------------------------------|-----------------------------|
| ANYTHING WE SHOULD KNOW? (eg food allergies, asthma etc) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| MEDICATION: | | |
| NAME OF DOCTOR IF NEEDED: | | |

If you have sustained and injury after this form has been filled out, and outside of youth club hours please let one of the facilitators know beforehand in case it may prevent you from being able to undertake one of the activities.

PERMISSION IF APPLICANT UNDER 18 YEARS

| | YES | NO |
|--|-----|----|
| PERMISSION FOR THEIR YOUNG PERSON TO ATTEND THE YOUTH PROGRAM AND THE EVENTS THAT WILL BE TAKING PLACE. THE PROGRAM IS HELD AT MT DRUITT LEARNING GROUND ON FRIDAY EVENINGS AFTER SCHOOL | | |
| PARENTAL/GUARDIAN PERMISSION THAT PARTICIPANT TO BE INCLUDED IN PHOTOGRAPHS TAKEN AT LEARNING GROUND POSSIBLY TO BE USED IN FUNDING REPORTS, IN MEDIA RELEASE OR LEARNING GROUND FACEBOOK PAGE | | |
| PERMISSION FOR PARTICIPANT TO RIDE IN LEARNING GROUND BUS AS NEEDED TO GET TO AND FROM PROGRAM | | |

NAME – PARTICIPANT: _____

SIGNATURE: _____

DATE: _____

NAME – PARENT/GUARDIAN: _____

SIGNATURE: _____

DATE: _____