



<b>PARTICIPANT NAME:</b>		<b>AGE:</b>		<b>D.O.B</b>	.../.../.....
<b>ADDRESS:</b>					
<b>PARTICIPANT MOBILE NUMBER:</b>		<b>PARTICIPANT MEDICARE NUMBER:</b>			
<b>EMAIL ADDRESS:</b>					

On Monday the 8th of July Strathbogie Shire Council is proud to present Monday Funday. For \$5 you can get on the bus and join in the fun at Fun Planet in Shepparton. Tickets are limited so book early to avoid missing out. The three steps you need to complete to join in the fun are:

1. Book your ticket online (nominate if you will be getting on the bus in Nagambie or Euroa).
2. Download and complete the permission form (if you are under 18).
3. Bring your completed permission form & \$5 cash to the bus on Monday 8th July.

NAGAMBIE BUS will leave from 26 Filson Street Nagambie at 10am sharp and return at 4pm.

EUROA BUS will leave from Euroa's Travellers Rest Stop, cnr of Bury St and Kirkland Ave at 10:45am & return at 3:15pm.

Everyone who attends this event must be on the bus. For more info please call our Youth Officer on 0428 248 686

### PARENT/GUARDIAN DECLARATION

I give permission for my child \_\_\_\_\_ to travel as a participant in the program identified above. I agree that my child shall adhere to rules in place issued by Council staff and volunteers accompanying the participants.

Should any act of misconduct on the part of my son/daughters give cause for concern, I authorise the person in charge to arrange for his/her return home after notifying me of the fact, and I agree to pay any additional expenses which may result from this action.

I agree that Strathbogie Shire staff and volunteers are to be free and clear of all responsibilities regarding any accident, injury or loss of property during my child/children's' participation in the activity. I further authorise the supervisors to consent, where it is impracticable to communicate with me, to my child receiving such medical or surgical treatment as may be deemed necessary and I agree to meet all expenses that might apply.

**PARENT/GUARDIAN NAME:** \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

### PARTICIPANT DECLARATION

I, \_\_\_\_\_ agree that while participating in this excursion, I will behave in a sensible and proper manner. I will observe whatever rules are decided on as best for the safety and well-being for all by the supervising Youth Workers. I understand that if I do not behave appropriately during this excursion, I may be excluded from the activity or returned home at the expense of my parent/guardian.

**PARTICIPANT NAME:** \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**\* Please turn to over page to complete additional information \***

## Emergency Contact Information:

PARENT/GUARDIAN NAME:			
PARENT/GUARDIAN TELEPHONE:		MOBILE:	BUSINESS:
PARENT/GUARDIAN EMAIL ADDRESS:			
In the event we are unable contact you during an emergency, please provide one other emergency contact.			
Emergency Contact Person: 1.	Relationship:	Phone:	Alternative Phone:

## Specific Individual Needs:

<p>Does your child have any medical conditions that Youth Services Staff should be aware of?      Yes / No          If yes, please provide details (if you have one a medical action plan may be attached):</p> <p>_____</p> <p>_____</p>
<p>Does your child have any known allergies?      Yes / No          If yes, please provide details:</p> <p>_____</p> <p>_____</p>
<p>Does your child have any specific dietary requirements?      Yes / No          If yes, please provide details:</p> <p>_____</p> <p>_____</p>
<p>Does your child have any other additional needs/requirements that it would be important for Youth Services Staff to be aware of?      Yes / No          If yes, please provide details:</p> <p>_____</p> <p>_____</p> <p>_____</p>

All information gathered on this form is for the purposes of providing these Youth Events and enabling individual participation and is stored to ensure individual privacy and confidentiality.  
 In future program information and notification of Youth Events/workshops will be distributed to previous participants via email if an email address has been provided.

Please indicate by ticking this box if you do NOT wish this to occur

PARENT/GUARDIAN NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**PLEASE NOTE:** In accordance with Council procedure no child will be permitted to take part in any excursion unless this Consent Form, signed by the parent/guardian and participant, is returned to Council prior to the excursion. If it is found necessary to postpone the excursion, this Consent Form will be held to cover the excursion on the substituted date.