

Youth Workshop and Event Permission Form

Full name of young person:	
D.O.B:	
Address:	
Emergency contact person:	
Relationship to young person:	
Phone number:	

DECLARATION

Music Mondays is a jam session styled program which offers all young people aged 12-25 the opportunity to come to the PAC and use a variety of instruments for free. This declaration covers participation in Music Mondays under the supervision of Glenelg Shire Council Youth Services Team. Participation involves mild to moderate physical activity and is fully supervised by Glenelg Shire Council Staff and approved facilitators.

Music Mondays will run on every second Monday (unless Public Holiday) of the month on the following days:

Monday 12 May 3pm - 6pm
Monday TBC June 3pm - 6pm
Monday 14 July 3pm - 6pm
Monday 11 August 3pm - 6pm
Monday 08 September 3pm - 6pm
Monday 13 October 3pm - 6pm
Monday 10 November 3pm - 6pm
Monday 08 December 3pm - 6pm

I/we consent:

- I the parent(s)/guardian(s) of the young person listed above allow the young person to be involved with all aspects of the program
- I agree that my young person will adhere to rules and expectations of the program.
- I authorise staff, in the event of an accident or illness, to obtain all necessary medical assistance and treatment and agree to meet all expenses incurred.
- I declare that information I have provided on this form is correct to the best of my knowledge.
- Glenelg Shire Council or its employees shall not be liable for any injury, loss or damage suffered by any young person participating in this program
- I understand that the Glenelg Shire Council and its staff are not responsible for the young person's whereabouts prior to or after the detailed time of event and workshops and will ensure that the appropriate pick up and drop off for my young person is arranged.

DISCLAIMER

I _____, hereby consent to myself/my young person that as a result of an injury, loss or any damage to any type whatsoever, sustained or suffered by my child or arising out of

against the Mayor, Councillors and Citizens of the Glenelg Shire Council I declare:

PROVIDED ALWAYS that this declaration does not preclude the exercising of any statutory rights which may exist and which cannot be modified or excluded by this or any other contract, that:

1. I shall not pursue, prosecute, sue or otherwise proceed with any such right, claim or cause of action on behalf of my young person; and

2. I shall indemnify and keep indemnified Glenelg Shire Council and any of its agents or employees against any claim, demand, action, suit or proceeding which may be made or bought by or on behalf of my young person against Glenelg Shire Council or any its employee or agents.
3. If a child of mine suffers or sustains any injury or illness in the cause of or arising out of my young person's participation in the Program, I authorise any employee or agent of Glenelg Shire Council to administer or cause to be administered such medical measures as he or she may deem necessary or convenient (including the administration of anaesthetics, EpiPen); and
4. I shall indemnify and keep indemnified Glenelg Shire Council and any of its employees or agents against any cost or expense incurred by Glenelg Shire Council arising out of or in any way related to the administration of medical measures referred to in this clause.

Signed: _____ Date: _____

Media Distribution

5. I [DO/DO NOT] consent to Glenelg Shire Council using my son/daughter's name, as well as photos, media, recordings, information, or quotes about his/her experience at the event in print, media or electronic form for marketing, fundraising and advertising purposes in order to create more youth opportunities in the future.

MEDICAL INFORMATION

Please consider your young person's participation carefully and provide accurate medical information.

Is your young person taking any medication? Please describe: _____

Any additional needs, impairments and or disabilities Please circle? Yes No

If yes, may the Glenelg Shire Youth Development Officers contact you prior to the excursion to discuss providing access and inclusion? Yes No

Please include relevant medications, medical plan and permission for staff to administer the young person's own medication if required:

- ☐ Asthma
- ☐ Diabetes
- ☐ Epilepsy
- ☐ Allergies (stings, medications, substances?)
- ☐ Other (please specify)

Do you have any dietary requirements?

☐ Vegetarian ☐ Vegan ☐ Halal ☐ Gluten free ☐ Other

Is there anything you would like us to know to ensure that the Glenelg Shire Council Youth Services is a happy, safe and healthy place for you? This could be any special needs, conditions, illnesses, support needs, mental health concerns, cultural or religious preferences?

Code of conduct

I and the young person participating have read and understand that:

- Swearing or any other abusive language will not be tolerated.
- No alcohol or drugs allowed.
- No one is to be affected by alcohol or drugs.
- Anti-Social behaviour, e.g. fighting, verbal abuse, or confrontational behaviour will not be tolerated.
- Show respect for other people.

Signed: _____ Date: _____

PERSONAL INFORMATION REQUEST

The personal information requested on this form is being collected by the Glenelg Shire Council for municipal purposes as specified in the Local Government Act 1989. The Council will use this information only for the specific purpose of collection or for directly related purposes. You may request access to any personal information that Council may have collected about you. You may request correction of your personal information if you can establish that it is not accurate or complete. Requests should be directed to Council's Privacy Officer on telephone 03 5522 2305.