

2023 Youth Collective (YC) Membership Form

Details of young person: Full Name: _____ Age: _____ Postal Address: Mobile: _____ School: _____ Cultural Background: _____ Gender: _____ Please type "X" next to your preferred method of communication: Text on mobile: _____ Text on WhatsApp: ____ Call on mobile: ____ Email: ____ Other: (please specify) **Emergency Contacts** 1. Full Name: Contact number: Relationship to applicant (i.e. mother, father): 2. Full Name: _____ Contact number: Relationship to applicant (i.e. mother, father):

Additional Information

Do you have any medical/physical conditions or any disabilities (i.e. dietary requirements, allergies, asthma, physical or other disability, or have a carer)?

Please type "X" next to answer.

Yes:	No:			
lf yes, ple	ease give additional d	letails:		

PARENT/GUARDIAN

Please read this form carefully and do not hesitate to ask questions if you are unsure.

- Please check your details on the form are correct in case of emergency
- Consent is required for young people to use social media to communicate with the Youth Collective and Shire of Harvey Officers.
- Young people are required to uphold the Youth Collective Honour Code that is developed in partnership with members on the first meeting, this outlines expected behaviour. Any behaviour that is abusive, offensive or puts other young people or Shire Officers at risk will not be tolerated and young people may be asked to leave the program.
- o Information disclosed by young people to Shire Officers will be kept confidential unless there is risk to the young person or others.

Duty of Care

Shire Officers are committed to ensuring that the programs we offer are safe for all young people while they are on site. Shire Officers have current working with children checks and first aid qualifications.

Support Needs

Shire Officers cannot provide care beyond basic supervision and support. A support worker must be provided if a young person has specific needs. Shire Officers do not administer medications or assist with medical issues.

Accident/Injury

In the event of a serious injury, an ambulance will be called. Parent/guardian will be notified immediately and will be required to meet any expenses incurred.

Parent/Guardian Consent

The Shire of Harvey uses photos and videos of local people for the purpose of marketing, educational and reporting purposes. Please type "X" next to answer.

I give perm	nission for	r photos/vide	os to be taken	of my chil	d for use	as st	ated:
Yes:	_No:						

I give consent for my child to communicate with Shire Officers and You Collective members via phone or email:	uth
Yes: No:	
I acknowledge the Shire of Harvey is not liable for any loss, damage or person as a consequence of my, or my child's, participation in the program that I am liable for any damage to property or injury to another person cause	. I also acknowledge
I have read the conditions and give consent for my child to participate in the	e selected activities.
Participant (Young Person) Full Name:	
Parent/Guardian Full Name:	
Phone:	
Parent/Guardian Signature: Date:	
Please provide your email to receive information on upcoming youth progra	ams and activities.
Email:	