



## YOUTH EVENT PERMISSION FORM

Activity: \_\_\_\_\_

### Contact Details

Childs Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Parents Name \_\_\_\_\_  
Address \_\_\_\_\_  
Town/Suburb \_\_\_\_\_ Postcode \_\_\_\_\_  
Phone \_\_\_\_\_ Mobile \_\_\_\_\_  
Email \_\_\_\_\_

### Emergency Contact Details

Name \_\_\_\_\_  
Relationship \_\_\_\_\_ Phone \_\_\_\_\_  
Name \_\_\_\_\_  
Relationship \_\_\_\_\_ Phone \_\_\_\_\_

### Parental/Guardian Authorisation

I \_\_\_\_\_ being parent/guardian of \_\_\_\_\_  
consent to my son/daughter participating in \_\_\_\_\_  
on \_\_\_\_\_.

I authorise the person in charge to seek medical treatment as deemed necessary for my child, where it is impractical to communicate with me prior.

Does your child suffer from asthma? Yes No

Does your child have any allergies?  
(please specify) \_\_\_\_\_ Yes No

Is your child on any medication?  
(please specify) \_\_\_\_\_ Yes No

I consent to West Wimmera Shire Council using my son/daughter's feedback or data for research purposes.

I consent to WWSC 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, public relations, fundraising and advertising purposes.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Please turn over



## Code of Conduct

- Abusive Language will not be tolerated.
- No alcohol or drugs allowed.
- No one is to be affected by alcohol or drugs.
- Loud boisterous behaviour won't be tolerated whilst travelling to and from venue.
- Anti Social behaviour, e.g. fighting, verbal abuse, or confrontational behaviour will not be tolerated.
- Show respect for other people.
- REMEMBER! You are representing your family, your school and your community.
- Bag searches are a condition of entry
- No BYO food or drink.
- **Most importantly you are there to have fun.**

Parent/Guardian Signature \_\_\_\_\_ Students Signature \_\_\_\_\_