

MACEDON RANGES SHIRE COUNCIL/YOUTH SERVICES  
ACTIVITY PARTICIPATION FORM

**'Back to Our Future' Youth Summit 2022**

Date: Tuesday 5 April

9.30am – 3pm

Location: Kyneton Mechanics Institute

**PARTICIPANT DETAILS AND INFORMATION**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ POSTCODE: \_\_\_\_\_

MOBILE: \_\_\_\_\_ EMAIL: \_\_\_\_\_ AGE: \_\_\_\_\_

DIETARY REQUIREMENTS: \_\_\_\_\_

MEDICAL CONDITIONS AND TREATMENT: \_\_\_\_\_

DO YOU HAVE AMBULANCE COVER? YES NO

*(In an emergency an ambulance will be called with all costs associated being covered by the parent/guardian).*

**EMERGENCY CONTACT DETAILS**

PARENT/GUARDIAN NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

MOBILE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**PARTICIPATION AGREEMENT**

I, \_\_\_\_\_ (Parent/Guardian—must be over 18)  
of \_\_\_\_\_ agree to them taking part in this  
Youth Services event/activity and:

- Acknowledge the event/activity undertakes a number of activities which may have inherent risks where injury may occur. I understand Macedon Ranges Shire Council and its representatives are acting in good faith to provide a reasonably safe environment for participants to undertake these activities.
- Agree they will comply with all reasonable rules and requirements governing safety and behaviour whilst participating in the event/activity and on direction from the program supervisor/leader
- Agree they will follow the 'group rules' as identified by participants
- Agree in the event of inappropriate behaviour (i.e. rough play) I will be contacted to attend the event/activity to collect the participant or they will be sent home at my expense.
- Agree Macedon Ranges Shire Council are not responsible for the loss or theft of their personal property and/or valuables when involved in the program
- Agree they will report to the leader or the event/activity supervisor any accident, injury or near miss which may have occurred when participating in the program
- Authorise staff, in the event of an accident or illness, to obtain all necessary medical assistance and treatment for the participant, including transport by ambulance if required
- In the event of the participant requiring medical attention I understand that the event/activity workers will endeavour to communicate with me concerning the required action.

**PHOTO CONSENT (to consent mark box)**

I acknowledge that photos/videos will be taken during the program and I consent that my child may be included in these photos/videos, which may be used by the council to help promote the event and or Youth Services activities.

The information I have provided above (in this form) is correct and true.

**Parent/Guardian Name:**

**Parent/Guardian signature:**

**Participants Signature:**

**Date:**

**PRIVACY POLICY:**

*Council is collecting this information for the purpose of registering your child for Macedon Ranges Shire Council Youth Programs. The information will be used for administration purposes and to contact you in the event of an emergency, but will not be disclosed to any other party except as required by law. If you fail to provide this information, the registration may not be processed. You may also access this information by contacting Council on 035422 0333*