

# Membership Form 2021

## Programs

- |   |  |
|---|--|
| <input type="checkbox"/> After School Drop in | <input type="checkbox"/> Friday Night Skillz |
| <input type="checkbox"/> Comedy Academy       | <input type="checkbox"/> Young Yorgas        |
| <input type="checkbox"/> Thrive Young Womens  | <input type="checkbox"/> Young Mens          |
| <input type="checkbox"/> Game Club            |  |

## Young Person

Full Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Address: \_\_\_\_\_ Suburb: \_\_\_\_\_  
Phone: \_\_\_\_\_ School: \_\_\_\_\_  
Cultural Background: \_\_\_\_\_ Gender: \_\_\_\_\_

## Emergency Contacts

Name: \_\_\_\_\_ Name: \_\_\_\_\_  
Mobile: \_\_\_\_\_ Mobile: \_\_\_\_\_  
Relation: \_\_\_\_\_ Relation: \_\_\_\_\_

## Additional Information

Do you have any medical/physical conditions or any disabilities (Eg. dietary requirements, allergies, asthma, physical or intellectual disability)? Yes  No

If yes please give additional details; \_\_\_\_\_  
\_\_\_\_\_

## Mailing List

We have a range of programs and opportunities you can be the first to know through email!

Email Address: \_\_\_\_\_

## Young Person's Agreement

I understand that the City of Mandurah aims to create a safe space for all young people. I commit to the rules and regulations of the Youth Centre and agree to contribute to making the program a great place for everyone. I agree to treat all staff, other young people and the property with respect.

Young Person's signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Parent/Guardian to Read and Sign

The City of Mandurah Youth Development team have a range of programs for young people.

This form must be signed and returned to staff (in person or via email below) before the young person can attend any programs that require travel. Please check that the information provided on the other side of this form is correct. Any questions, please don't hesitate to get in contact with us.

**Please note** - Staff cannot provide care beyond basic supervision. Staff do not administer medications or assist with medical issues. If a young person has specific needs you must provide a support worker. Young people may come and go as they please. Please speak to staff if you have any questions.

### Accident/Injury Policy

*In the case of accident or illness, the city will provide any necessary medical treatment and I will meet any expenses incurred. If required the young person will be transported to outside medical facilities for treatment if necessary. In the even that this occurs parent/guardian will be notified.*

*I acknowledge the City of Mandurah is not liable for any loss, damage or injury to property or person as a consequence of my, or the young person's participation in the program. I also acknowledge that I am liable for any damage to property or injury to another person caused by me or the young person.*

### Photo Consent

The City of Mandurah aims to use photos of local people for the purpose of marketing, educational and report purposes. Do you consent for the young person to participate in the above?

Yes       No

### Travel via a City of Mandurah Youth Vehicles (Bus/Van)

Some of the programs offered are held offsite at various locations. By signing this form, you agree to the young person travelling via vehicle to attend programs or excursions that are held offsite.

### Parent/Guardian Consent

*I agree to the conditions above and give consent for the young person to participate in the selected activities.*

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Mailing List

Add your email to join our mailing list to hear about the latest programs, events and opportunities for young people.

Email Address: \_\_\_\_\_

**Please return completed form to [youth@mandurah.wa.gov.au](mailto:youth@mandurah.wa.gov.au)  
or bring it in to the Billy Dower Youth Centre 41 Dower St, Mandurah.**

**Follow us on Instagram @MandurahYouth and on Facebook @CityofMandurahYouth**

