

Young Person's Details

Name: _____

Tick one: Male Female

D.O.B: ___/___/_____ Current Age: _____

**NOTE: Young people must be aged between 12 & 16
(Or turning 12 during 2019)**

School: _____

Mailing Address: _____

Suburb: _____ Post Code: _____

Home Phone: _____ Mobile: _____

Email: _____

Medicare Number: _____

Booking into the Program

In Person

Customer Service Counter or Cockburn Youth Centre
Ground Floor 25 Wentworth Parade
9 Coleville Crescent Success
Spearwood ph: 9411388

Important Booking Instructions

- Complete all sections and return with payment.
- **Bookings will not be accepted without payment.**
- Payments in person may be by cash, cheque, money order, credit card or Eftpos.
- Payments in person can be made between 8:30am and 4:30pm weekdays at Cockburn Council Administration or Cockburn Youth Centre from 9-6pm.
- This program is very popular and bookings are not guaranteed. It is recommended to call ahead to find out if spaces are still available.
- Bookings will not be accepted without an enrolment form

Guardian & Emergency Contact Details

Name1: _____

Relationship1: _____

Home Phone1: _____

Work Phone1: _____

Mobile1: _____

Name2: _____

Relationship2: _____

Home Phone2: _____

Work Phone2: _____

Mobile2: _____

Swimming Competency

(Tick one)

Excellent Good Fair Poor Non Swimmer

Medical Information

Please provide details of any physical or medical conditions that may affect participation in activities and details about any medication currently taken. (Name, dosage etc)

This Program is inclusive of people with disabilities.

Dietary Requirements

Please specify any special dietary requirements:

Choose one of the following (includes GST):

Outrage all 27 Days (first child – save \$100) \$685

Outrage all (additional child – save \$125) \$660

Additional children must have same Guardian

Or select **OUTRAGE** dates from below (includes GST):

PRE XMAS special Limited Numbers

<input type="checkbox"/> Monday	17 December	\$25
<input type="checkbox"/> Tuesday	18 December	\$25
<input type="checkbox"/> Wednesday	19 December	\$25
<input type="checkbox"/> Thursday	20 December	\$25
<input type="checkbox"/> Friday	21 December	\$25

January 2019

<input type="checkbox"/> Wednesday	2 January	\$30
<input type="checkbox"/> Thursday	3 January	\$30
<input type="checkbox"/> Friday	4 January	\$30
<input type="checkbox"/> Monday	7 January	\$30
<input type="checkbox"/> Tuesday	8 January	\$30
<input type="checkbox"/> Wednesday	9 January	\$30
<input type="checkbox"/> Thursday	10 January	\$30
<input type="checkbox"/> Friday	11 January	\$30
<input type="checkbox"/> Monday	14 January	\$30
<input type="checkbox"/> Tuesday	15 January	\$30
<input type="checkbox"/> Wednesday	16 January	\$30
<input type="checkbox"/> Thursday	17 January	\$30
<input type="checkbox"/> Friday	18 January	\$30
<input type="checkbox"/> Monday	21 January	\$30
<input type="checkbox"/> Tuesday	22 January	\$30
<input type="checkbox"/> Wednesday	23 January	\$30
<input type="checkbox"/> Thursday	24 January	\$30
<input type="checkbox"/> Friday	25 January	\$30
<input type="checkbox"/> Tuesday	29 January	\$30
<input type="checkbox"/> Wednesday	30 January	\$30
<input type="checkbox"/> Thursday	31 January	\$30
<input type="checkbox"/> Friday	1 February	\$30

TOTAL PAYMENT TO BE MADE: \$ _____

Transport

PLEASE SELECT ONE PICK UP AND DROP OFF POINT:
(See "Program Details" for exact locations and times)

SUCCESS BEELIAR HAMILTON HILL

Parents' Permission

I, _____ hereby give permission for _____ to attend the City of Cockburn's Youth Outrage School Holidays Program and agree that it is my responsibility to advise staff if I do not wish for my child to participate in any particular aspect of an activity. As a parent I understand that the activities may have some level of risk involved and allow my child to participate in nominated days.

I give permission for the program staff to look after any prescribed medications, however I understand administration of any medicines remains the responsibility of my child. I also agree that in a medical emergency my child will be given any medical assistance required and I agree to meet any expenses incurred for medical treatment or transport.

I give permission for my child to travel by public transport, private charter bus and/or private car while on the program.

My child has read the "Participant Contract" and I agree that my child understands the conditions. I agree that my child may be sent home at the discretion of Cockburn Youth Services staff. If my child is sent home due to inappropriate behaviour I agree that refunds will be denied and I will meet any costs incurred.

I agree the City of Cockburn reserves the right to refuse enrolments.

I declare that I live, work and/or my child attends school/lives/works in the District of Cockburn.

Optional Clause: (please tick a response)

I give permission for any photographs or video footage of my child's participation in this Program to be used by the City of Cockburn. I agree that I have no claim against the City of Cockburn for any reward for the publication of photographs or videos.

Yes, I agree No, I do not agree

Signed: _____ Date: ___/___/___

NOTE:

Participants are responsible for their own property and bringing valuables on the program is not recommended.

Your details will automatically be added to the Cockburn Youth Services (CYS) Mailing List. The mailing list enables CYS to inform you about events and programs in the Cockburn region for 12 to 25 year olds. Please indicate here if you would like to be removed from the mailing list.

Please do not put me on the CYS Mailing List.

Participant Contract

Although many of the rules in previous Youth Outrage Programs have never been seriously breached, it is important that all participants are aware of the boundaries so that all concerned can get the most out of the Program.

- ⊗ No leaving the group without prior consent of staff
- ⊗ No racist or sexist language
- ⊗ No verbal abuse or threats
- ⊗ No violent or aggressive behaviour
- ⊗ No weapons
- ⊗ No deliberate damage to any property
- ⊗ No drugs and no smoking
- ⊗ No one under the influence of drugs or alcohol will be allowed to attend
- ⊗ No eating or drinking on the bus
- ⊗ No moving about the bus or hanging any part of the body out of the bus

Excessive Sugar and high caffeine drinks may be confiscated.

- ☺ I, _____ have read and understood the above rules and agree to abide by them. I also agree to abide by the rules of any premises or organisation we visit.
- ☺ I agree to respect the natural environment.
- ☺ I agree to always follow the instructions of the supervising staff.
- ☺ I agree to participate in activities with a spirit of mutual cooperation & respect.
- ☺ I agree to behave in an appropriate manner, as an Ambassador of the City of Cockburn.
- ☺ I understand that if I break any clause in this contract I will be sent home immediately and/or barred from the program.

Signed: _____ Date: ___/___/___



City of Cockburn

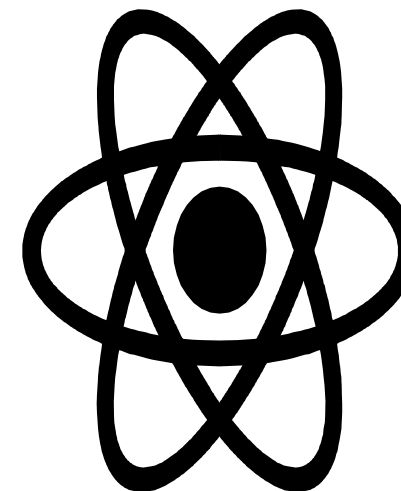
Youth Outrage

Summer 2018/2019

Holiday Program

12 – 16 year olds

Enrolment Form



FOR FURTHER INFORMATION CONTACT

Cockburn Youth Services
Steve Atherton
Youth Development Officer
9411 3884
0418 907 942

satherton@cockburn.wa.gov.au