

Mannum Community Hub
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**Mannum Community Hub School Holiday Program
Registration & Consent Form**

(Please tick & initial activities you give permission for your daughter/son to participate in)

Mon 10th : **Roller Skating** (@ Mannum Leisure Centre) **(5-12yrs)** 9.30-12.30pm
Younger children that are skating need to be accompanied by an adult. Adults Name: _____

Wed 12th : **Art & Craft (5-9yrs)** 9.15 -11.15am
 Passion for Fashion Upcycle Your Old Clothes (10-12yrs) 12.30-3pm

NO EARLY ARRIVALS PLEASE

Due to staffing we are unable to supervise children outside of scheduled times.

Thanks for your cooperation.

Who referred you to this service? _____

What is the main purpose that brought you to this service? _____

Participants details;

Name: _____ Date of Birth: _____ Age: _____

Address: _____ School Attended: _____

Phone No: _____ Mobile No: _____ Email Address: _____

Is the child of aboriginal or Torre Strait Islander origin?

Aboriginal Torres Strait Islander Both No

Disability Yes No

Intellectual Psychiatric Sensory/Speech Physical/diverse

Are you covered by Ambulance Subscription? Yes No

Do you require medication? Yes No

If yes, what do you take medication for?

Name of medication: _____

When to be taken, and dosage required? _____

Do you have allergies? Yes No

If yes, give details: _____

Treatment required: _____

Do you have any special dietary needs? Yes No

If yes, give details: _____

Any other information Mannum Community Hub should know? yes no

If yes, give details: _____

If you might need the above medication (for allergies or otherwise) during the activity/s

(a) *Provide the medication to Tutors/staff before the activity, marked with your child's name & activity*

(b) *Tutors/Staff have the authority to apply the medication if that appears to be necessary*

Emergency Contact Details:

1. Name: _____ Relationship: _____

Phone Number: _____ Mobile No: _____

2. Name: _____ Relationship: _____

Phone Number: _____ Mobile No: _____

In a medical emergency, Tutors/ staff may convey the participant to medical treatment by car or (at the Participant's cost) by ambulance.

Consent, waiver & indemnity:

The Participant:

- I. Has read and understood any information provided about an activity, and understands the risk inherent in an activity.
- II. Except to any extent caused by their own negligence waives any right to claim against Mid Murray Support Services Inc/Mannum Community Hub or its partners or their respective staff for any personal injury, or loss or damage to property in connection with the Participant's participation in an activity;

The Guardian:

Your personal details provided in the registration form will be used for many important reasons.

I am aware, understand and agree to the following:

- I. All programs are fully supervised by our staff/tutors and partners, no child will be able to leave the venue unless they are picked up by their Parent/Guardian who gives consent below.
- II. Session times may change without notice and it is my responsibility to check on finishing times at each event.
- III. By signing this consent form you agree to share your information with the partnering organisations and recorded onto a database.
- IV. I consent to being contacted by Mannum Community Hub or ac.care at a later date to participate in follow-up, evaluation and/or research purposes.
- V. Sessions may be cancelled due to any unforeseen circumstances e.g weather. Participants will be notified as soon as possible.

If the participant is now aged less than 18 years, a parent/guardian must counter-sign this form below and except to any extent caused by its own negligence, the person indemnifies Mid Murray Support Services Inc/Mannum Community Hub and /or its partners or their respective staff for any personal injury and for loss or damage to property in connection with the participant's participation in an activity.

I give Do not give permission to use my child's name, word, photographic image and video recordings for promotional and media purposes without restriction.

I understand and consent to all sections of the above:

Name: (please print) _____

Signature: _____ **Date:** _____/_____/_____