registration and CONSENT FORM - All One Under the Sun Project

**Group Name: School Holiday Workshop | Venue: Norm Jordan Pavilion, Coffs Showgrounds | Date: 12 or 13 April 2021**

**For more information please call, text or email Naomi Steinborner: M 0427 037 558 or E** [**naomisteinborner@bluesky.org.au**](mailto:naomisteinborner@bluesky.org.au)

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Details of Young Person Attending The Workshop** | | | | | | | |
| **Family/Surname** | | **First Name** | | **Date of Birth** | | **Gender – please circle** | |
|  | |  | | / / | | **M or F or Other** | |
| **Address of Young Person** | | | | | **Postcode** | **Phone/Mobile** | |
|  | | | | |  |  | |
| **Country of Birth** | **Aboriginal or Torres Strait Islander (please circle)** | | **Language Spoken at home** | | | | **Interpreter required**  **(please circle)** |
|  | **YES or NO** | |  | | | | **YES or NO** |
| **Emergency/Next of Kin Contact Details** | | | | | | | |
| **Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | **Phone/Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | |
| **Privacy Statement** | | | | | | | |
| **STARTTS and Blue Sky Community Services will collect and store the information you provide to enable processing of enrolments for the program. The information will be provided to staff of the program and supervisors where necessary and you consent to this disclosure. Any information provided by you will be stored on a database that will only be accessed by authorised personnel and is subject to privacy restrictions. The information will only be used for the purpose for which it was collected.** | | | | | | | |
| **Risk Waiver** | | | | | | | |
| **I agree for myself or my child/ward to attend All One Under the Sun school holiday workshop program, and that I and my child/ward will abide by the rules and conditions of the program/group. I authorise in the case of an emergency for the STARTTS staff, where it is impracticable to communicate with me or my child/ward, to arrange for myself or my child/ward to receive such medical or surgical treatment as may be deemed necessary.** | | | | | | | |
| **Media Consent - Please tick whichever applies to you:** | | | | | | | |
| **□ I consent □ I do not consent**  **For STARTTS and Blue Sky Community Services to use my or my child’s/ward’s first name and any photographs, sound and film recordings taken of me or my child/my ward, and/or any written comments or work samples (such as art work) made by myself or my child/ward at this activity, for the sole purpose of the promotion and associated activities of the All One Under The Sun project. This could include, but is not limited to: use of photos, video footage, voice recording, art works or other similar media products within activities and materials such as brochures, posters, social media, radio, media, and STARTTS/Blue Sky services and publications.** | | | | | | | |
| **Consent if you are 16 years and Over** | | | | | | | |
| **I consent to participate in the workshop as per the above conditions:**  **Young Person’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | |
| **Consent of a Parent or Guardian if the Young Person is Under 16 years** | | | | | | | |
| **As a parent or guardian, I give permission for my son/daughter/ward to attend the above activity.** | | | | | | | |
| **Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(print name)**    **Phone/Mobile No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Parent’s/Guardian’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (sign)** | | | | | | | |

