The Y WA Membership Form

Drop-in Centres/Holiday Programs/Weekend Activities/Case management

Under 16 Years

Section A – Participant Details

Name		**DOB**		**Age**	
Address					
Cultural Identity		**Gender Identity**			
Phone Number		**Young Persons Mobile**			
Swimming ability (please circle one answer)		○ **None at all**	○ **With difficulty**	○ **Easily**	

Section B – Service Agreement

- I understand the youth centre is a drug, smoke, and alcohol-free zone.
- I agree to follow staff instructions.
- No weapons of any sort on youth centre premises.
- No violence towards anyone, physical or verbal.
- Respect other people (this includes staff).
- Anyone deliberately abusing, misusing, or breaking equipment will be expected to pay for a replacement. Please report any accidental breakages to staff, you will not be penalised for that.
- No graffiti writing or defacing the centre or its contents in anyway.
- I understand that when I am attending the youth centre that I am responsible for my own behaviour and the safety of my property.
- I agree to sign the attendance sheet when visiting the youth centre.
- I understand the penalties imposed for breaching youth centre rules and this may include time-out from attending the youth centre.
- I also understand that the Y WA staff are not responsible for me if I leave the youth centre premises or its activities of my own accord.
- I am aware that the youth centre provides food as part of a cooking program. It is my responsibility to be aware of food allergies and to ask staff for a list of ingredients.
- I understand that it is my responsibility maintain up to date, current contact information with the Y WA.
- **I am aware that the Y WA has a responsibility to ensure that any incidents of suspected child maltreatment will be handled with respect and will be dealt with promptly and appropriately. Any allegation or disclosure of abuse, neglect, or assault, including sexual assault, of a young person will be reported to the Department of Child Protection and Family Support.**

I have read the above agreement and fully understand the Y WA centre rules and agree to abide by these guidelines.

Young person signature **Date**

Parent/guardian signature **Date**

Section C – Parent/Guardian/Emergency Contact Details (Please provide **TWO** emergency contact details)

Name				**Phone**	
Mobile		**Relationship to you**			
Name				**Phone**	
Mobile		**Relationship to you**			

The Y WA commits to the following in regards to your privacy. We commit to: retaining your information in a secure environment and will only provide essential information to our agents or service providers for the purpose of conducting our business or service with you; binding all staff, agents or service providers to our confidentiality agreements and our Privacy Policies; not sharing or selling your information to any third party for marketing purposes and not releasing information unless required by law to do so; providing you with a copy of our Policy document if your require it; explaining the reasons for collecting the information, how we use it, and the consequences of not having the information required. Non identifiable information is used for reporting and program improvement and may be provided to the Y National Office and other Y Associations and organisations which partner with the Y WA.

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Section D - Medical Information (please circle yes or no)

Does the young person have any Allergies?	**Yes**	**No**
Allergies: What are you allergic to?		
What is your reaction?		
When was your last reaction?		
What is the treatment plan for this allergy?		
Does the young person have Asthma?	**Yes**	**No**
Asthma: What are the triggers for your asthma?		
Do you use a preventer daily? If so what?		
Do you use a reliever? Is so, do you carry this on you?		
What are your warning signs for the onset of an asthma attack?		
Please describe the best strategies for obtaining relief from an asthma attack		
Is the young person Diabetic?	**Yes**	**No**
Diabetes: Warning signs for the onset of hypo/hyperglycaemia		
Best strategies for obtaining relief from the above		
Additional Details		
Does the young person have any recurring injury or illness?	**Yes**	**No**
Does the young person have any emotional, behavioural, or mental health issues?	**Yes**	**No**
Does the young person have any other condition we should be aware of	**Yes**	**No**

If you answered **YES** to any of the above questions, please provide details and attach management plans. **Please note any medications required, need to be carried at all times.**

Section E – Optional Consents

Media Release

I give permission for the above young person to have their name and photograph used in all media promotion (including Facebook) in relation to the Y WA excursions, programs, and activities.

Parent / Guardian Signature **Date**

Excursions

I give permission for the above young person to be transported by the Y WA staff in a Y WA vehicle. Signing below provides consent for the young person in my care to attend excursions with the Y WA.

Parent / Guardian Signature **Date**

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