**Permission Slip**

Event:

Date & Time:

*(U18 only)*

I give permission for (Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to participate in this event

Medicare card No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand that:

* Corryong Youth Space activities are co-ordinated by the Corryong Neighbourhood Centre adult workers and volunteers, but that participants are not continuously supervised and are required to take responsibility for their own behaviour.
* This is an inclusive event that wishes to create a safe space for all participants, therefore discrimination of any kind will not be tolerated, and participants who choose to disregard this may be barred from future CNC activities.
* All care will be taken, but accidents happen. Participants will receive appropriate medical treatment if this should occur and need to be able to provide Medicare/medical details if required. (For minors, parent or guardian will be contacted as soon as possible if an incident occurs).
* Inappropriate behaviour which impacts on the success of the activity or the reputation of the Youth Space will not be tolerated. Participants who behave inappropriately will not be permitted to participate in the activity and may be required to arrange immediate transportation home.
* This event may require travel which will be undertaken by either private vehicle or bus. Any vehicles used will covered by comprehensive insurance.
* Participants may be photographed or filmed during events and activities for use in media, promotion or other publicity by the Youth Space, the CNC or the event facility operators. If participants do not wish to be included, they need to advise the co-ordinator prior to commencement. Please tick this box if you do **not** give permission for media consent.

|  |  |
| --- | --- |
| Participant name | Signature |
|  |  |
| Parent/Guardian name (if U18) | **Signature** |
|  |  |
| Participant’s phone # | **Contact # in case of emergency** |
|  |  |