

SINGLETON YOUTH SERVICES MEMBERSHIP FORM

1. Applicant Details

Young person's name .		Date of Birth	
Postal Address			
Suburb		State	Post code
Contact phone number		Mobile number	
Email address		Gender	
<input type="checkbox"/> ATSI		<input type="checkbox"/> CALD	

2. Parent / Guardian Details

Name 1		<input type="checkbox"/> Parent	<input type="checkbox"/> Guardian
Postal Address			
Suburb		State	Post code
Contact phone number		Mobile number	
Email address			
Name 2		<input type="checkbox"/> Parent	<input type="checkbox"/> Guardian
Postal Address			
Suburb		State	Post code
Contact phone number		Mobile number	
Email address			

3. Emergency

Name	
Relationship to young person	
Contact phone number	Mobile number
Email address	

4. Court Orders

To assist Singleton Youth Venue staff to fulfil their duty of care to your child, please detail any relevant custody issues and/or access details.

5. Health

Please list any injuries, health concerns, medications, allergies or dietary requirements. Please provide Singleton Youth Venue with any necessary documentation in relation to these-E.g. Asthma Action Plan, Allergy / Anaphylaxis Management Plan

6. Disabilities

Please list any physical, sensory or intellectual disabilities or any diagnosed mental health conditions. Please advise Singleton Youth Venue of any needs, requirements or specific issues venue staff should be aware of

7. Young People's Responsibilities

If you are a young person accessing Singleton Youth Venue you have a responsibility to:

Respect other young people who are at the venue;

- Treat all workers at the venue with dignity and respect;
- Understand and follow the Venue's Policies and Procedures;
- Maintain appropriate social, interpersonal and physical boundaries with staff and other young people at all times;
- Treat the venue and equipment carefully and with respect;
- Be responsible for your personal safety and the safety of others;
- Help keep the venue clean, safe, and harassment free;
- Notify staff of any changes to your details. This includes name, address, phone number or email address.

Young person's name			
Young person Signature		Date	
Parent/guardian's name			
Parent/guardian's signature		Date	

8. Parent/Guardian Consent

- I am fully aware of the range of programs at Singleton Youth Venue and consent to my child's participation in any of these.
- I understand my child is able to sign in and sign out of Singleton Youth Venue without the permission or knowledge of venue staff.
- I acknowledge that Singleton Youth Venue closes at 6pm, and therefore my child will not be monitored by venue staff after this time, and will be required to exit the venue.
- I authorise Singleton Youth Venue to obtain all necessary medical treatment which may be required for my child while at the venue or with venue staff during an external program, activity or excursion. This includes any medication or intervention prescribed by an appropriately qualified medical practitioner. I acknowledge that the costs of any such treatment, including ambulance fees, will be my responsibility.
- I understand that it is my child's responsibility to manage and administer any required medication while at Singleton Youth Venue. I acknowledge that while venue staff are able to provide a safe space to store or refrigerate medication if required, they cannot administer any medication.
- I understand that Singleton Youth Venue has no responsibility for the management of my child's allergies or dietary requirements.
- I acknowledge that not providing Singleton Youth Venue with all necessary information and/or documentation as outlined/requested on this form is my responsibility.

I do **NOT** wish to receive e-mails regarding programs/activities/services held in connection with Singleton Youth Venue.

Parent/guardian's name	
Parent/guardian's signature	Date

How to Lodge your Application

The referral can be lodged in person or electronically (email: youthvenue@singleton.nsw.gov.au). Please contact our Youth Venue if you have any enquiries (02) 6578 7290.