**Clubhouse Sign-up form**

**Personal details**

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Date of Birth \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Gender\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you identify as Aboriginal and/or Torres Strait Islander Yes 🞎 No 🞎

**Medical**

Do you have any medical conditions? If yes, what are they? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medication you currently require \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any Allergies? If yes, what are they? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medic-alert number (if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency**

Parent/Carer name:

Parent/Carer contact telephone number:

Doctor/s name: Doctor/s phone:

**Would you like to receive an SMS when the Clubhouse is closed?** Yes / No  
  
If you answered yes, what number would you like us to message? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Recognising that activities entail elements of personal risk, that the YWCA and its employees undertake strict practices to oversee safety and are covered by public liability insurance, I willingly participate in this activity. I agree that in the case of emergency, medical and transport arrangements will be made on my behalf and I will be responsible for any costs. In signing this I understand that once I have joined the program I am committed to abide by expected standards of conduct. If I fail to meet these expected standards, I accept that YWCA staff will take appropriate action, which may include, but is not limited to, being asked to leave the program. I am responsible for organizing my own transport from the Clubhouse and should I leave the program for any reason, including being asked to leave, YWCA and its staff will not be held responsible.

Participant’s signature: Date:



**Clubhouse Parental Consent form**

The YWCA Canberra Clubhouse is an innovative, creative, out-of-school learning space where young people from underserved communities can work with adult mentors to develop new skills, explore their own ideas, and build confidence in themselves through the use of technology.

The Clubhouse strives to provide equal opportunities and empower youth by providing full access to resources and equipment, while promoting the importance of healthy, respectful and consistent relationships. It’s a creative learning environment that nurtures a diverse community of lifelong learners, producers and makers.

You must return a signed parental consent form in order to attend the YWCA Canberra Clubhouse – *A Tuggeranong Youth Initiative* as well as returning a completed sign up form.

Recognising that activities entail elements of personal risk, that the YWCA and its employees undertake strict practices to oversee safety and are covered by public liability insurance, I willingly participate in this activity. I agree that in the case of emergency, medical and transport arrangements will be made on my behalf and I will be responsible for any costs. In signing this I understand that once I have joined the program I am committed to abide by expected standards of conduct. If I fail to meet these expected standards, I accept that YWCA staff will take appropriate action, which may include, but is not limited to, being asked to leave the program. I am responsible for organizing my own transport from the Clubhouse and should I leave the program for any reason, including being asked to leave, YWCA and its staff will not be held responsible.

Participant Signature:

Date:

I have read the above statement and agree that my child is able to abide by the above conditions and therefore can participate in the above mentioned program. I also understand that the YWCA Canberra Clubhouse – *A Tuggeranong Youth Initiative* and its staff are not responsible for the whereabouts or the transport home of any of its members.

Parent/Guardian Signature:

Date:



**Photograph Consent Form**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ provide consent for YWCA Canberra to record my image (photograph or video footage) for promotional purposes. I understand my image may be used in mediums including: publications and promotional material, and broadcast, print and electronic/social media.

I acknowledge that my image will be used without any personal compensation or remuneration. I agree to forgo any rights to my image including moral rights and copyright.

YWCA Canberra agrees not to use your image in a manner that may be deemed adverse or defamatory. The image will remain the property of YWCA Canberra and any personal details regarding this image will

be kept confidentially and will not be used for any purpose other than related to your image.

You should understand that any image which is published online can be copied and redistributed without the knowledge of the person that uploaded it. Once published, we may not be able to retrieve or delete images if consent is withdrawn after publishing.

I agree my images can:

□ be used to promote YWCA Canberra Clubhouse ONLY

□ be used for ongoing future use (general ongoing use related to the role and function of YWCA Canberra)

□ include my name with the image

**You can withdraw your consent at any time by contacting YWCA Canberra**

Name:

Address:

Suburb: State: Postcode:

\*Participant Signature:

Parent/Guardian Signature (required for people under 18 years of age):

Date:

(\*we recommend that participant’s over the age of 13 years sign this consent form along with their parent/guardian)