



Participant's Details

Name _____
Address _____
Phone _____
DOB _____ Age _____ Gender: _____

Emergency Contact

Name _____ Relationship _____
Phone(s) _____

Any allergies, physical or medical conditions that we should know about: Yes / No

Any special needs or other information we should know to better support the young person?
Yes / No

Medicare No.: _____

(Please tick)

- I give permission for audio or visual recordings of my child to be taken on the day if they wish. E.g. interviews and/or photographs

By filling and signing this form you give permission for your young person to attend this event and engage in the activities held.

If applicable you are also giving your young person permission to travel to and from the event using a bus service organised by KYA. It is your responsibility to organise pick up / drop off at the agreed meeting point at the times given by KYA.

Name: _____ (Care Giver)

Relationship: _____

Signed: _____ (Care Giver)

Date: _____