



# Afterschool Hang out

If you have any questions or concerns please contact Sacha at the CRC on  
9671 2550 or [cs0-m@wongan.wa.gov.au](mailto:cs0-m@wongan.wa.gov.au)

## 1. Supervision

All Hang out activities or events are fully supervised by CRC staff who all hold current Working With Children's Check

## 1. Child's details

Name: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: M / F

My child is allowed to leave the activity at the scheduled time and walk home.

Yes

No - my child will be picked up by \_\_\_\_\_

## 2. Parent / legal guardian details

Full name: \_\_\_\_\_

Relation to child: \_\_\_\_\_

Email: \_\_\_\_\_

Phone (h): \_\_\_\_\_ Phone (w): \_\_\_\_\_ Mobile: \_\_\_\_\_

## 3. Emergency contact details for registered child (this must be provided)

Full name: \_\_\_\_\_

Relation to child: \_\_\_\_\_

Email: \_\_\_\_\_

Phone (h): \_\_\_\_\_ Phone (w): \_\_\_\_\_ Mobile: \_\_\_\_\_

Special/Dietary Needs (vegetarian, gluten intolerance, diabetic etc.): \_\_\_\_\_

\_\_\_\_\_

## Wongan Hills CRC School Holiday Program Registration & Consent and Waiver Form

### 5. Visual and Audio Images

I \_\_\_\_\_ DO / DO NOT agree to allow the CRC or persons subject to the CRC to take, print, publish and show photographs, sound and video recordings of me or my child/ward \_\_\_\_\_ in relation to the program to be used for Council reports and publications including but not limited to internet and promotional materials. I waive the right to receive any compensation or make any claim for the use of such photographs and recordings.

### 6. Consent and risk waiver

If the applicant is my child/ward, then I consent to his/her attendance at the above mentioned program. If I suffer or my child/ward suffers injury or there is an emergency during the program, I authorise the CRC to arrange for medical or surgical treatment and/or evacuation services as the CRC or persons subject to the CRC deem necessary. I agree that any information which I or my child/ward has supplied to the CRC may be provided to medical or emergency staff in the event of an injury, accident or emergency. I also undertake to pay or reimburse any costs which may be incurred for any medical attention, ambulance transport, emergency services or drugs related to myself or my child/ward while I or my child/ward is enrolled with the program.

I understand and accept that the program involves physical activities and that these activities have an inherent risk of personal injury and that accidents do happen. I also understand and accept the risks of possible injury and harm and physical exertion for which I or my child/ward may not be prepared, property damage or loss, remoteness to normal medical or emergency services, weather extremes including sudden and unexpected changes, and evacuation difficulties. I hereby fully release and agree to indemnify the CRC, its officers, employees, volunteers, agents, contractors and sponsors from any and all claims for injuries, damages or loss that may be sustained by me or my child/ward as a result of being a participant in the activities connected or associated with the program.

In case of an emergency such as an accident or serious illness, I understand that the CRC shall attempt to contact me. If I cannot be reached, I authorise the CRC to contact a medical professional and follow their directions. If the doctor cannot be reached, I authorise the CRC to take whatever steps deemed necessary.

I,

\_\_\_\_\_  
(Print full name of parent/guardian)

understand the above conditions and agree to participate in this program or to allow my child/ward \_\_\_\_\_ to participate in this program subject to the conditions above.

\_\_\_\_\_  
(Print full name of child)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Office use:

Central Records File No. \_\_\_\_\_ Officer: \_\_\_\_\_ Date: \_\_\_\_\_

\*Synergy File Number: RC4.4.2 Community Resource Centre Signature: \_\_\_\_\_