

PROGRAM REGISTRATION FORM

Maranoa Programs

PARTICIPANT INFORMATION:

First Name: _____ Surname: _____

Address: _____

Suburb: _____ State: _____

Home Phone: _____ Mobile: _____

Email: _____

Date of Birth: _____ Gender: _____

Dietary Requirements: _____

Medical Conditions: _____

Medications: _____

Medicare No: _____ Valid to: _____ Position on Card: _____

Cardholder Name: _____ Indigenous: Non-Indigenous:

PARENT/GUARDIAN INFORMATION:

First Name: _____ Surname: _____

Address: _____

Suburb: _____ State: _____

Home Phone: _____ Mobile: _____

Email: _____

PHOTOGRAPHIC/VIDEO/AUDIO/COMMUNICATION RELEASE - CONSENT

I authorise the South West Indigenous Network Inc to take and use any photographs, video or sound recordings of me/the child and any other reproductions or adaptations of my/the child's likeness ('the Material'), either in full or part, in conjunction with any wording or drawings, in any South West Indigenous Network Inc publication, production or presentation.

I acknowledge that I have/the child has no rights in the material nor in any South West Indigenous Network Inc publication, production or presentation that includes the material.

TO BE SIGNED BY PARENT OR GUARDIAN: YES NO

Signed: _____ Name: _____

Terms & Conditions

As a parent/guardian of the Participant you give your consent to the child named above participating in South West Indigenous Network (SWIN) carnivals/programs/activities and acknowledge that SWIN will not be liable for any loss of property, death or injury that occurs during or as a result of attending our carnivals/programs/activities. You declare that the Participant is medically and physically fit and able to participate in the Activity. You will immediately notify SWIN of any change to the Participant's medical condition, fitness or ability to participate. You understand that SWIN and will rely upon this declaration as the basis of the Participant's fitness and ability to participate. You authorise SWIN to collect, use and disclose the medical information provided on this Consent Form for the purpose of obtaining any medical assistance, treatment and transport for the Participant, as deemed reasonably necessary. You acknowledge and agree that you will be responsible for any costs associated with any such medical treatment and/or transportation.

You consent to your child's image being taken, retained and reproduced during his/her participation in our carnivals/programs/activities. You agree that any such photographs or video footage may be used by the above organisations in resources and reports, and in promotional, advertising or marketing materials, without any further notice or payment to you or the Participant.

YES NO

Ninna Collier
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Holly Salisbury
Maranoa Safety and Wellbeing
Coordinator
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SWIN PATHWAYS
Program



SWIN
2U
MENTORING

trax
MAKING TRACKS AROUND
THE SOUTH WEST

Funded by

