

# WHEELLY GOOD COFFEE PROGRAM ENROLMENT FORM

PLEASE PRINT CLEARLY



EXCURSION FORM MEDICAL AUTHORISATION STUDENT/PARTICIPANT DECLARATION

Program Details		
Program Name Wheelly Good Coffee Youth Program		
Training Location - Youth Connect, 3/1001 Nepean Hwy, Moorabbin		
Student Details		
Surname	Date of Birth	
Given Names	Gender - Male/ Female	
Postal Address		
Home Telephone Number	Student Mobile Number	
Ambulance Cover Number (if applicable)		
Medicare Number		
Emergency Contact Details		
Name	Relationship to Student	Contact Number
Name	Relationship to Student	Contact Number
<p>I consent to taking part in the excursions organised by Youth Connect and Complex Training.</p> <p>I acknowledge that I/he/she will at all times be under the instruction of Youth Connect and Complex Training staff or of any volunteer supervisors to whom I may become subject during an excursion. I acknowledge and agree that it is my responsibility to conform strictly to all reasonable and lawful instructions and conditions laid down by a Youth Connect and Complex Training staff member or any other volunteer supervisor.</p> <p>I acknowledge that whilst partaking in excursions both my property and person will be at my own risk and to the extent permitted by law Youth Connect and Complex Training will not be liable to me for any personal injury or loss of property whether caused by the negligence or otherwise of Youth Connect and Complex Training arising directly or indirectly out of the approved Excursions.</p> <p>I acknowledge and agree that I shall indemnify Youth Connect and Complex Training and keep the Youth Connect and Complex Training indemnified against any action, claim, demand, suit or proceeding that may be made or brought by any person against Youth Connect and Complex Training in respect of the death of or personal injury to any person or loss of or negligent act or omission by myself whilst participating in any excursions.</p> <p>In the event of an emergency, I consent to the Youth Connect and Complex Training and/or any such of its staff securing and using ambulance transportation for myself and I consent to receiving such medical or surgical treatment as may be deemed necessary by the staff member in charge of the excursions (including administration of anaesthetics). I understand that Youth Connect and Complex Training is not responsible for costs incurred on my behalf in securing medical treatment and associated medical services for me.</p> <p>I understand that it is my responsibility to make Youth Connect and Complex Training aware of any changes to my medical history which may affect my ability to participate in Excursions.</p> <p>I have been previously diagnosed as having the following medical condition that a medical practitioner should be aware of if treatment is required; however, I accept that emergency treatment may be given without that knowledge. I accept responsibility for providing this information to medical practitioners who treat me. It is expected that <b>NO PARTICIPANT</b> shall carry or consume alcohol for the duration of the activity.</p>		
1. Are you taking any medications? Please circle YES NO.		
If yes, please give details including dosage		
2. Are you suffering from an injury? Please circle YES NO.		
If yes, please give details		
3. Do you suffer from asthma? Please circle YES NO.		
If yes, please give details		
4. Do you have any known allergies (including food, drugs etc)? Please circle YES NO.		
If yes, please give details		
5. Do you wear glasses or contact lenses? Please circle YES NO.		
7. Are there any other medical or other conditions which staff should be aware of in relation to participation in this excursion? Please circle YES NO.		
If yes, please give details		
Student Agreement		
I am over 18 and agree to the above statement.		
Student's Signature	Date	
Parent/Guardian Endorsement		
My child is under 18 and I consent to my child taking part in the Excursions and Off Site Activities organised by the Youth Connect and Complex Training. I understand that Excursions requiring Special Precautions will require me to provide a separate consent and indemnity release. I understand that the employer and/or training centre will take all reasonable care for the safety and health of my child.		
Parent/Guardian Name	Signature	Date
Please return the completed form to Youth Connect		
Phone: (03) 8306 6300 Fax: (03) 8306 6301		Post: Level 3, 1001 Nepean Hwy, Moorabbin 3189

**Privacy Information:** The information provided on this form is for the registration and administration of students participating in Youth Connect administered program and related structured workplace learning arrangements. The information provided will not be used for any other purposes.