

## YOUTH SERVICES MEMBERSHIP FORM

City of Canning Youth memberships are **FREE** and for young people aged 10 to 17 years old. This membership form will enable you to participate in our services and book into our school term and holiday programs. **Memberships are valid until the age of 18** and do not need to be renewed; however, it is important that you advise the Youth Services team if your circumstances change.

Under the *Privacy Act 1988*, we have an obligation to tell you why we are collecting this information and what we do with it. The information collected is for the safety, protection, and wellbeing of people entering our centres and programs. This information is also used to ensure the Youth Services team can uphold duty of care obligations at our programs and services, to evaluate the effectiveness of our programs and services, and to inform our responses to emergencies or other situations that may arise.

From time to time, we may ask your permission to share your information with other organisations who can support you with challenges you are facing. Staff will request this when they believe it will be of benefit, but it is important to know that you have the right to say no to this request.

The only time we may share your information outside of the outline above and without your permission is if there is a threat to your health or safety, or a threat to the health and safety of others.

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### MEMBER DETAILS

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FIRST NAME: \_\_\_\_\_

SURNAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

SCHOOL/ TAFE (if relevant): \_\_\_\_\_

SUBURB: \_\_\_\_\_

GENDER (please circle)      Male      Female      Gender Diverse

CULTURAL BACKGROUND: (please select)      Aboriginal and/ or Torres Strait Islander

Culturally and Linguistically Diverse

Other

MOBILE NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

DO YOU WANT TO STAY IN THE LOOP WITH FUTURE PROGRAMS AND EVENTS FOR YOUNG PEOPLE?  
(Please circle)    Y            N

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**PARENT/ GUARDIAN DETAILS**

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PARENT/ GUARDIAN NAME: \_\_\_\_\_

RELATIONSHIP TO PARTICIPANT: \_\_\_\_\_

CONTACT NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

Do you want to be kept in the loop with information related to upcoming youth activities, events, and programs? (Please Circle)            Y            N

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**SECONDARY CONTACT DETAILS (In the event that the parent/ guardian listed above is not contactable)**

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EMERGENCY CONTACT NAME: \_\_\_\_\_

RELATION TO YOUNG PERSON: \_\_\_\_\_

CONTACT NUMBER: \_\_\_\_\_

ALTERNATE CONTACT NUMBER: \_\_\_\_\_

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**HEALTH & WELLBEING INFORMATION**

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Please provide us any relevant information that our team may need to ensure your young person receives appropriate care, support, and a safe environment at our centre's & programs. If you have ticked "yes" for any of these questions, please provide details below. Does your young person have any of the following:

	Yes	No
Food/ other allergies	<input type="radio"/>	<input type="radio"/>
Medication (if appropriate)	<input type="radio"/>	<input type="radio"/>
Dietary requirements	<input type="radio"/>	<input type="radio"/>
Medical conditions or disabilities	<input type="radio"/>	<input type="radio"/>

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**INFORMATION FOR PARENTS/ GUARDIANS**

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Please provide relevant information here (e.g. Medication storage requirements if applicable):

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## DUTY OF CARE

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The City of Canning is committed to providing a safe, welcoming, and supported environment. Our qualified youth team will endeavour to ensure young people are safe, supported and supervised during their time on our programs and in our centres. Canning Youth Services involve delivering drop-in from youth centres and outreach activities at various locations; this means young people can come and go as they please during opening times. **Please note:** if a young person chooses to leave in the middle of a program or centre open hours, they have the right to do so. The City of Canning does not take responsibility for young people who leave the centre/ facilities or are not in the premises. City of Canning youth staff do not have the authority to keep young people at our premises at the request of parents and do not provide a transport service home. It is the responsibility of the parent/ guardian and young person to make their own transport arrangements to and from the program.

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## PHOTO CONSENT

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I understand that the Youth Services team will take photos during all associated programs, activities, or events. I give permission for the City of Canning to use my child's photograph for promotional purposes. I am aware that this photo may be used in media, print, social media, and electronic advertising. I agree that I will not seek from the City of Canning any talent fees or compensation for using the photograph. **Please note:** this is an ongoing arrangement with the City during membership, though you have the right at any time to change your preference permission by contacting the City of Canning's Youth Team in writing at [youth@canning.wa.gov.au](mailto:youth@canning.wa.gov.au).

Do you give photography consent for your child if under 18 years old?

- ☐ Yes  
☐ No

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## PARENT/ GUARDIAN PERMISSION & WAIVER TO SIGN (for parent/ guardians of under 18 year old)

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### Parent/ guardian waiver:

I \_\_\_\_\_ confirm that I have read, understood, and agreed to the information pertaining to my young person \_\_\_\_\_ as listed in the City of Canning's Youth Services Membership Form. I have disclosed all relevant information regarding physical, mental, or other wellbeing concerns and health conditions that will allow the City's Youth Team to best support my young person in the Youth Service.

### Medical consent

I acknowledge and agree that in the event of my young person suffering any injury, illness or medical emergency, the City of Canning, its employees and/ or agents will arrange any necessary medical assistance or hospital treatment which they deem necessary, and I agree to meet all the costs of any medical or hospital treatment or transport incurred. I understand the City of Canning staff shall endeavour to contact me as soon as reasonably practical after the occurrence of the injury or illness.

I am aware that participation in the youth service (events, activities, programs, and centres) involves risk, and that in undertaking these activities my young person does so at their own risk. I hereby **indemnify** the City of Canning, its employees and/or agents from all liability arising from injury, disablement or death and agree that the City, its employees and/ or agents will not be liable for damage, loss, or theft of personal or third party property howsoever caused.

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## MEMBER CONTRACT AGREEMENT FOR YOUNG PERSON TO SIGN

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I \_\_\_\_\_ agree to abide by the City of Canning Youth Service rights and rules which includes, have **a right** to feel safe, be respected, welcomed, and supported by City of Canning staff and other young people while I am in the youth spaces, centres, events, or programs. I also understand I have **a responsibility** to make sure other young people, staff and facilitators all have the same rights and as such I understand the Youth Service tolerates no:

- Bullying, exclusion, or discrimination
- Swearing
- Violence or aggressive behaviour/ other inappropriate behaviour
- Theft or deliberate damage to property and belongings
- Smoking, vaping, drugs, or alcohol
- Weapons or illegal items brought to the centre or any program/ event

I have read and understood the City of Canning's Youth Service *Rights & Responsibilities* and agree to abide by them. I understand that if I break these rules, I may be asked to leave the program/ centre, sent home immediately or potentially barred from all future City of Canning youth activities and centres. I also understand that if I break any laws or engage in any criminal behaviour, the police or relevant authorities will be notified.

**For Signing:**

**Young Person's Name:** \_\_\_\_\_

**Young Person's Signature:** \_\_\_\_\_

My young person has read the participant behavioural code and understands the conditions. I agree that my young person may be sent home or asked to leave the centre/ program at the discretion of the City of Canning's Youth Team

**Parent Name:** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_

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