City of Melville

PHAZE Registration Form

This form will remain current for one PHAZE season.

Participant Details:

Name: _____ Age: _____ D.O.B:_____/_____/_____

Adress: _____

_____

Phone: _____ Email: _____

Dietary Requirements: _____

Emergency Contact:

Name: _____ Relationship: _____

Phone:_____ Email: _____

Parent/ guardian consent for participants under 18

I, _____ (parent/ guardian) give permission

for my child to participate in the PHAZE urban art project.

Signed: _____

Participant Consent – all participants must complete this section to take part

I acknowledge that:

1. If I/my child include any tags, pieces or other such images as part of the PHAZE project that can be connected to illegal graffiti the City of Melville may be required to provide information to the WA Police for further investigations.
2. I am not aware of any pre-existing medical condition, which will impact on my/my child's participation and will inform the City of Melville if my child is ill or injured prior to the activity and will reimburse any expense incurred.
3. I agree that video footage and/or photographs will be taken of me/my child's participation and will only be used for promotional purposes.
4. I agree that the organisers will not be liable for any loss; damage or injury whether to property or person, occasioned as a consequence of the environment or participation in the programme and acknowledge exclusion of liability accordingly.

Signed: _____ Date: _____

Please complete the attached medical information form if applicable.

If you require further information, contact the City of Melville on 1300 635 845 or email youth@melville.wa.gov.au

Through Child Safe Melville, the City is committed to providing welcoming, safe and accessible environments for children and young people. At the core of this is our collective agreement to have zero tolerance to child abuse.

City of Melville

PHAZE Medical Form

The details you provide will help us ensure that you/your child will be provided with the appropriate level of care and support while on the program. All the information provided is strictly private and confidential.

Participant Details

Name: _____ Age: _____ D.O.B: _____/_____/_____

Emergency Contact:

Name: _____ Relationship: _____

Phone: _____ Email: _____

GP/Doctor Contact

Name: _____ Contact No: _____

Address: _____

Medical Information:

This can include allergies, disabilities, behavioural conditions, special food requirements, etc.

_____

_____

Medication:

Is medication required by the participant whilst on the programme?

Please circle: YES NO

Type of medication and dosage required: _____

_____

Can this be administered by programme leaders?

Please circle: YES NO

Do you give your consent for medication to be administered by programme leaders?

Please circle: YES NO

Signed: _____ Date: _____

We collect your personal information to process your request in accordance with the standards set out in the Privacy and Responsible Information Sharing Act 2024 (PRIS Act). By completing this form, you confirm that you have read and acknowledge the collection of your personal information. For full information about how we handle your personal information, please visit melvillecity.com.au/privacy

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