

30M ACTIVE FAMILIES PROJECT TEAM REGISTRATION FORM



PARTICIPANT INFORMATION

Please complete this form and return to the front office by the 16th October 2009 (Ilim College – 30 Inverloch Cres, Broadmeadows)

30 ACTIVE Families Project will start on the 19th Oct 09. Applicants will be notified of further progress before the due date.

INTRODUCTION

30M Active Families Project is a team oriented program. Teams will be formed consisting of four members. 1 Adult, 1 Secondary, 1 middle years and the other upper primary children (grade3 and above). The adult team members must be from the same gender. For more information, please call the 30M Active Families Project (Ms Nuran Erail) on 9302 3770. We can provide an interpreter if required, but please allow enough time to arrange this.

INDIVIDUAL APPLICATION :

GROUP APPLICATION :

FEMALE GROUP: MALE GROUP: Team members 1 & 2 must be from the same gender

Team Name:

Team Member (Contact) : Surname: Male Female

Address (number and Street):

Suburb: State: Postcode:

Date of birth: Email address:

Tel: Mobile:

Team Member 1: (Gender group must be the same) FEMALE GROUP: MALE GROUP:

Team Member 2: (Gender group must be the same) FEMALE GROUP: MALE GROUP: (Secondary student)

Team Member 3: Upper primary may be mixed gender

Team Member 4: Lower primary may be mixed gender

If you don't have enough team members please tick this box so we make the appropriate arrangements

PHOTOGRAPHS

As a part of the 30m project we will often takes photographs of program participants to use in program promotions in publications, on websites and in the media.

Please indicate your wishes:

I do do not give permission for photographs featuring myself and my child being used for these purposes.

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CONSENT FOR TEAM MEMBERS

Team Member 1

Do you have any medical conditions, allergies, disabilities? Yes No

Are you taking any medication? Yes/ No If yes, please attach details.

In an emergency, do you authorise the person in charge to arrange any necessary medical treatment for your child where prior notification has not been possible? Yes No

Emergency contact:..... Mobile:..... Phone:.....

Signature:..... Date: / /

TEAM MEMBER 2 PARENT/GUARDIAN TO COMPLETE THIS SECTION

All details you provide are confidential and will not be given to others without your permission, unless in an emergency.

Does your child have any medical conditions, allergies, disabilities? Yes No

Is he/she taking any medication? Yes/ No If yes, please attach details.

In an emergency, do you authorise the person in charge to arrange any necessary medical treatment for your child where prior notification has not been possible? Yes No

As a parent or guardian, I give permission for my son/daughter to participate in the 30m Active Families Project.

Parent/guardian name:..... Contact:..... Signature:.....

Emergency contact:..... Mobile:..... Phone:..... Date: / /

TEAM MEMBER 3 PARENT/GUARDIAN TO COMPLETE THIS SECTION

All details you provide are confidential and will not be given to others without your permission, unless in an emergency.

Does your child have any medical conditions, allergies, disabilities? Yes No

Is he/she taking any medication? Yes/ No If yes, please attach details.

In an emergency, do you authorise the person in charge to arrange any necessary medical treatment for your child where prior notification has not been possible? Yes No

As a parent or guardian, I give permission for my son/daughter to participate in the 30m Active Families Project.

Parent/guardian name:..... Contact:..... Signature:.....

Emergency contact:..... Mobile:..... Phone:..... Date: / /

TEAM MEMBER 4 PARENT/GUARDIAN TO COMPLETE THIS SECTION

All details you provide are confidential and will not be given to others without your permission, unless in an emergency.

Does your child have any medical conditions, allergies, disabilities? Yes No

Is he/she taking any medication? Yes/ No If yes, please attach details.

In an emergency, do you authorise the person in charge to arrange any necessary medical treatment for your child where prior notification has not been possible? Yes No

As a parent or guardian, I give permission for my son/daughter to participate in the 30m Active Families Project.

Parent/guardian name:..... Contact:..... Signature:.....

Emergency contact:..... Mobile:..... Phone:..... Date: / /