

the drum 2017 Term Activities Consent and Indemnity Form

The drum youth (**drummond street services**) runs programs for young people (aged 12-25) who live work or play in Carlton and Parkville.

This form provides consent for young people to attend programs in 2016. **Please tick which program you will attend:**

- The Homework Club** (Mondays and Tuesdays 4.30pm -6.30pm) at Kathleen Syme Library, 251 Faraday Street, Carlton
- The Underground** (Tuesday, Thursdays 4.00pm – 7.00pm) at 480 Lygon St, Carlton
- EUPHORIA** (Last Monday of the month 3:30 – 6:00pm) at 156 Napier Street, Fitzroy
- Friday Night Jam** (Friday 4pm-6pm, monthly 6.00 -7.00pm) at YMCA Carlton Baths, 248 Rathdowne Street, Carlton
- The Party Collab Lab Collective** (Thursdays 4.00pm-6.00pm) at 156 Napier St, Fitzroy

Details of young person (1)

Name: _____ Phone: _____

Address: _____

DOB: _____ Year Level: _____ Country of Birth: _____

Gender: _____ Pronouns: _____

Cultural Background: _____ Preferred Language: _____

Aboriginal or Torres Strait Islander (Yes/No) Email _____

Is there anything the drum needs to know about you to ensure a happy, safe and healthy environment? This could be any illnesses, medications you need, mental health conditions, allergies, disabilities, or special cultural, religious needs?

Consent from young person 1

I (the participant) understand

1. **the drum's** program's may involve activities with physical risks and agree to follow instructions from the drum staff to manage any risks associated with these activities;
2. I am responsible for ensuring my behavior does not make others feel unsafe and/or compromise **the drum's** ability to ensure the safety of others;
3. **the drum** has a responsibility to ensure all participants are safe, including ds staff and volunteers, this means there is a standard of behavior and fair play that applies to **all** participants. Whilst **the drum** will make all efforts to manage situations that might arise, in case of serious misbehavior, I understand that I maybe be removed from the program, my parents notified and arrangements made for me to transported home at the cost of my parent/guardian/worker.

I give do not give **the drum** permission to use photographic images taken during programs for promotional purposes, including sharing with funding bodies.

I give do not give **the drum** permission to use my contact details to advise me of other youth program activities and opportunities.

Name: _____

Signature: _____ Date: _____



Details of young person 2

Name: _____ Phone: _____

Address: _____

DOB: _____ Year Level: _____ Country of Birth: _____

Gender: _____ Pronouns: _____

Cultural Background: _____ Preferred Language: _____

Aboriginal or Torres Strait Islander (Yes/No) Email _____

Is there anything the drum needs to know about you to ensure a happy, safe and healthy environment? This could be any illnesses, medications you need, mental health conditions, allergies, disabilities, or special cultural, religious needs?

Consent from young person 2

I (the participant) understand

4. **the drum's** program's may involve activities with physical risks and agree to follow instructions from the drum staff to manage any risks associated with these activities;
5. I am responsible for ensuring my behavior does not make others feel unsafe and/or compromise **the drum's** ability to ensure the safety of others;
6. **the drum** has a responsibility to ensure all participants are safe, including ds staff and volunteers, this means there is a standard of behavior and fair play that applies to **all** participants. Whilst **the drum** will make all efforts to manage situations that might arise, in case of serious misbehavior, I understand that I maybe be removed from the program, my parents notified and arrangements made for me to transported home at the cost of my parent/guardian/worker.

I give do not give **the drum** permission to use photographic images taken during programs for promotional purposes, including sharing with funding bodies.

I give do not give **the drum** permission to use my contact details to advise me of other youth program activities and opportunities.

Name: _____

Signature: _____ Date: _____

Emergency contact information

Parent/Guardian Name: _____ Relationship: _____

Phone (1): _____ Phone (2): _____

Preferred Language: _____ Interpreter Required? Yes/N (please circle)

Name of Family Doctor: _____

Phone : _____



Parent/guardian/worker consent, waiver and indemnity

As the Parent/Guardian/Worker (*please circle*), I _____
confirm that I am aware, understand and agree to the following:

1. My child's involvement in one or more of the activities named above as organized by **the drum** youth service (**drummond street**) through out 2016;
2. Except when there is negligence due to **drummond street** staff, that any injuries to participants and/ or loss or damages to the property is the responsibility of the participant and their family (parent/guardian/worker);
3. Authorise **drummond street** staff in the event of an accident or illness to obtain all necessary medical assistance (as recommended by medical professionals) and I agree to meet costs in respect of the provision of any necessary medical services;
4. Agree to any costs if my child/ren cause damage or loss to; equipment, a person, site of the program activity, or the organisation during the activity;
5. **the drum** has a behavior policy which all program participants, as well as **the drum (drummond street)** representatives are expected to uphold. These policies are designed to create; a safe environment free from discrimination, sexism, bullying or other antisocial behaviors, and which other pro-social behaviors and opportunities for young people to participate in the community. All efforts will be made to manage situations that arise, however in cases of serious misbehavior, a young person will be required to leave the program, you will be notified and arrangements made for the young person to be transported home at the cost of the family/parent/guardian/worker;
6. All programs or activities are fully supervised by **the drum staff** and representatives, however staff are unable to prevent young people from leaving the program and are not responsible for them once they leave our programs;
7. Accept that **the drum** reserves the right to cancel the activity at short notice due to unforeseen circumstances (such as, staff illness, and unsafe work practices, any accident or incident that would impact upon the safety of those involved). **the drum** staff will try to ensure that any changes to the date, time, location are communicated to young people. Information or updates you can contact us on 9663 9733 or via our Facebook page (thedrumyouthservices/) or email (Youthservices@ds.org.au).
8. **drummond street** collects some personal information and communicates this to our program funders in ways that does **not** identify individuals. Examples may include: the age, cultural background and gender of participants and program attendees and of positive outcomes and achievements of participants. Alternately we may wish to share with our program funders challenges that some young people experience (such as discrimination or complex social disadvantage). All information is collected and stored to ensure privacy and confidentiality and is only used for the purpose of reporting, evaluating and to ensure the quality of service.

If a participant/s is **under the age of 18, a parent/guardian/worker must** sign this form and tick the applicable boxes;

I give permission for **drummond street** to use photographic images taken during programs for promotional purposes, including sharing with funding bodies;

I consent to **drummond street** to collect some personal information and understands that it is limited to statistical information that does **not** identify individuals to give to our program funders. All information is collected and stored to ensure privacy and confidentiality and is only used for the purpose of reporting, evaluating and to ensure the quality of service.

Additional permissions

I agree for my child/rens de-identified information to be used for the purpose of research and evaluation conducted by **drummond street** and our funding agencies.

I am willing to be contacted at a later date to discuss my child/ren to participate in follow-up evaluation and/or research.

I give my consent/permission to all or some (ticked boxes)of the above:

Name _____ Parent/Guardian/Worker (*please circle*)

Signature: _____ Date: _____

I am over 16 and legally independent and give consent to all or some of the above

Signature: _____ Date: _____

