

YWCA Canberra Clubhouse Membership Form 2022



Save and email Enrolment Form to: youth@ywca-canberra.org.au OR hand in to program staff

YWCA CANBERRA

YWCA Canberra Clubhouse

YWCA'S Canberra Clubhouse is a free, out of school learning space that provides over 400 young people, aged 10 to 18 in the Tuggeranong region with access to the latest technology, as well as mentoring and support to grow their skills in science, technology, engineering, arts, mathematics, and music.



Scan me



INFORMATION

Attendance Records: It is a legal requirement for young people to sign in and out via our electronic receptionist. Attendance records not only indicate attendance at the service, but they are used in the case of any emergency including evacuations or lockdowns.

Behavioural Guidance: All young people are required to sign our Behaviour Management Agreement Policy that supports positive behaviour and sets out the relevant consequences for inappropriate behaviour. We do, however, reserve the right to cease a young person's membership (in consultation with parents/guardians) when their behaviour continually threatens the positive and safe environment of the program.

Membership Forms: Please email membership forms to youth@ywca-canberra.org.au. Or hand to program staff.

It is a requirement of the program to have a completed form with current details.

Late Pickup: Program finish times vary; please ensure you are aware of the finish time of the program that you are enrolling in.

Eligibility: Young people aged 10-18 years of age and who live, work or play in the Tuggeranong region are eligible to attend.

OPENING HOURS AND CONTACT INFORMATION

For current opening locations and times, please see our website.

Phone: 6185 2090/ 0400 300 781

Street Address:

Mura Lanyon Youth and Community Centre: 22 Sidney Nolan Street, Conder ACT, 2906

Richardson Clubhouse: May Gibbs Close, Richardson, ACT

Postal Address: Mura Lanyon Youth and Community Centre: 22 Sidney Nolan Street, Conder ACT, 2906

Email: youth@ywca-canberra.org.au

Website: www.ywca-canberra.org.au

YOUNG PERSON'S QUICK DETAILS:

Young person

Name:

Date of birth:

2022 School Year:

PARENT / GUARDIAN DETAILS:

Parent / Guardian #1

Name:

Daytime contact number:

Parent / Guardian #2

Name:

Daytime contact number:



YOUNG PERSON – CONFIDENTIAL DETAILS:

| | | |
|---|----------------------|------------------------------|
| Given Names: | Surname: | Mobile: |
| Date of birth: | Gender: | Email: |
| Residential address: | Postcode: | |
| Does the young person identify as: <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Not Aboriginal nor Torres Strait Islander | | |
| Country of Birth: | Cultural Background: | <input type="checkbox"/> N/A |
| Does the young person speak another language other than English at home: <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please specify: | | |

HEALTH DETAILS:

Does the young person suffer from, is undergoing assessment for, or has been diagnosed with, any of the following? Please tick all applicable, providedetails and copy of diagnosis and Health Care Card.

Enrolments will not be accepted until appropriate medical actions plans/diagnosis are provided.

ADD / ADHD / ODD _____

Anaphylaxis _____

Autism / Asperger's _____

Medical Conditions /Allergies (Asthma, Diabetes, Epilepsy etc.) _____

NOTES:

Please include any relevant information about the young person:

PARENT / GUARDIAN DETAILS:

| | |
|----------------------|----------------------|
| Parent / Guardian #1 | Parent / Guardian #2 |
| Given Name: | Given Name: |
| Surname: | Surname: |
| Email: | Email: |
| Mobile: | Mobile: |

| | |
|-------------------|-------------------|
| Emergency Contact | Emergency Contact |
| _____ | _____ |
| _____ | _____ |

AUTHORISED NOMINEES / EMERGENCY CONTACT:

An authorised nominee is an individual who has been granted permission from the parent/guardian to collect the young person from the program. The authorised nominee must be over the age of 18 years and be in close proximity to the service. Please nominate at least one authorised nominee.

Nominee #1

I hereby authorise this nominee to: Collect the young person/people from the service

Name:

Work phone:

Mobile:

Relationship to young person/people:

Nominee #2

I hereby authorise this nominee to: Collect the young person/people from the service

Name:

Work phone:

Mobile:

Relationship to young person/people:

DECLARATION:

All details completed are correct as at the date below:

Parent/Guardian Signature:

Date:

PRIVACY STATEMENT:

The information you provide on this form will be used by YWCA Canberra to facilitate your use of our services and programs, as well as the continuous improvement of Community Services. At all times, your privacy will be protected, and your details will not be used for another purpose without your consent. For more information and a copy of YWCA Canberra's Privacy and Confidentiality Policy please contact YWCA Central Office 6185 2000 or email: canberra@ywca-canberra.org.au

AUTHORISATIONS:

| | | |
|--|---------------------------------|--------------------------------|
| I/we and the young person/people have read and understood the YWCA Canberra Expectations of Behaviour agreement (please refer to page 6) and will adhere to the guidelines set out in checklist. I/we acknowledge and will adhere to the consequences discussed in the agreement if the young person/people has caused physical or emotional harm to another young person, staff member or visitor, or has caused damage to property, equipment or resources or has caused significant disruption to the conduct of the program: | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| I/we consent to the young person/people checking themselves in / out of the service - this includes permission for the young person/people to leave the site/program without staff notifying me of their departure from the program. (Please tick this box if your child would usually walk home independently from the program. If you tick "No", then a staff member will contact you if the young person wishes to leave, or has left, the program) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| I/we authorise the young person/people to be transported by ambulance to hospital if required. I/we agree to meet any medical and ambulance expenses incurred | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| I/we authorise the young person/people being removed from the service in the event of an emergency evacuation <i>(families will be notified should this occur)</i> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| I/we consent for YWCA Canberra to take, record or use pictures, slides, quotes, or other materials owned by the young person/people, to use without compensation in productions, publications, on the web, social media and other printed or electronic materials related to the role and function of YWCA Canberra | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| I/we acknowledge the YWCA Canberra Community Services Policies and Procedures are available on the YWCA Canberra website (www.ywca-canberra.org.au). I/we understand it is my responsibility to become familiar with these documents, and by enrolling a young person/people, I/we agree to abide by the conditions and obligations. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Young person Authorisation:

Young person's Signature:

Date:

Parent/Guardian #1 Authorisation:

Parent/Guardian Signature:

Date:

Parent/Guardian #2 Authorisation:

Parent/Guardian Signature:

Date:

PARENT/GUARDIAN TERMS AND CONDITIONS:

I _____ and _____
(Insert Parent/Guardian names) (Insert young person's/people's names)

Agree to the following terms and conditions:

1. I/we indemnify YWCA Canberra and any person associated with the service in relation to any claim for damages as a result of an accident, injury or trauma to the young person/people unless it is the direct result of negligence on the behalf of YWCA Canberra or associated persons.
2. I/we understand that if the young person/people has not been picked up 15 minutes after the program closure without prior notice to staff that staff will attempt to contact the listed emergency contacts. If unable to contact emergency contacts staff will contact police and Child Youth Protective Services.
3. I/we agree to show respect and courtesy in all dealings with YWCA Canberra staff, families and young people. I/we acknowledge any forms of discriminatory or threatening behaviour will not be accepted.
4. I/we understand that YWCA Canberra collects personal information on the young person/people so that we can provide them with the best support. We may store this information electronically or in hard copy. Their information is kept secure and is only used for the reasons for which we collect it, in line with our privacy policy. If they ask us, we can provide access to the personal information we hold about the young person/people.
5. The information provided on this form is correct, and I/we understand it is my responsibility to update details as required.

By ticking this box, I/we acknowledge the terms and conditions above and confirmation of electronic signatures

below.

Parent/Guardian 1:

Date:

PARENTAL CONSENT AND EXPECTATIONS OF BEHAVIOUR:

The YWCA Canberra and its employees undertake strict practices to oversee safety and are covered by public liability insurance. Recognising that activities entail elements of personal risk, I willingly participate in this activity.

I agree that in the case of emergency, medical and transport arrangements will be made on my behalf and I will be responsible for any costs.

In signing this I understand that once I have joined the program, I am committed to abide by expected standards of conduct. If I fail to meet these expected standards, I accept that YWCA Canberra staff will take appropriate action, which may include, but is not limited to, being asked to leave the program.

I am responsible for organising my own transport from the Clubhouse and should I leave the program for any reason, including being asked to leave, YWCA Canberra and its staff will not be held responsible.

Young person's signature:

Date:

I have read the above statement and agree that the young person is able to abide by the above conditions and therefore can participate in the above program. I also understand that the YWCA Canberra Clubhouse and its staff are not responsible for the whereabouts or the transport home of any of its members.

Parent/Guardian signature:

Date:

Please save the completed enrolment form to file and email to: youth@ywca-canberra.org.au or hand to program staff.