



Youth Programme Registration Form

This double-sided registration form must be completed by a parent or legal guardian/care-giver of the young person participating in YOSS activities and programmes. This form must be received by YOSS five working days before the activity or programme.

Name of Participant:	
Young Person's Date of Birth:	
Young Person's Ethnicity:	
Address:	
Name of Parent/Guardian:	
Contact Telephone/Cellphone Number:	
<p>Emergency Contact Details: MUST be available 24 hours a day during programme and be different from parent/guardian. In an emergency, we will contact this person if unsuccessful in our attempts to contact the parent/guardian.</p> <p style="text-align: right;">Name:</p> <p style="text-align: right;">Relationship to Young Person:</p> <p style="text-align: right;">Telephone/Cellphone Numbers:</p> <p style="text-align: right;">Home Address:</p>	
Is there anyone who is not allowed legal access to this young person? Please name them.	
Family & Whanau involvement: Do you or any member of family have any interests or skills, which could be included in the activities? If so please give details?	

Parent/Guardian Consent and Authority

1. I consent to all of the information supplied on this form being used for purpose of running the programmes and activities. All information collected on this form is for the use of YOSS. It may need to be shared with government agencies for statistical and auditing purposes.
2. I will not send my young person to a programme or activity if they have had diarrhea or vomiting 48 hours prior to the start of a programme or activity, or if they are on medication for a sickness.
3. I consent to photos and video being taken of my young person during programmes and activities and these being used for advertising and auditing purposes.
4. I consent to YOSS staff being able to ensure the application of sunscreen to my young person.
5. I will not drop my young person off before the start time advised, as no supervision is available.
6. In the event of sickness or accident I authorise that YOSS seek qualified medical personnel to provide medical treatment to my young person but only in case I cannot be contacted to give permission personally, or I am otherwise unavailable. Please provide care and treatment to minimize unnecessary pain, complications, scarring or delays in recovery, as well as to protect life and limb.

7. I authorise that YOSS staff can contact the young person's Doctor to obtain information for treatment.
8. I do not object to blood transfusions. YES NO [I do object to blood transfusions].
9. I authorise that YOSS staff may administer Panadol to my young person if in their discretion they believe that this may be of assistance to relieve pain. YES NO
10. I indemnify YOSS against any costs relating to medical treatment or injuries sustained while on a programme or activity, except in the event that the liability arises as a result of negligence of YOSS. I will reimburse YOSS for any expenses incurred on behalf of my young person in relation to medical treatment.
11. I understand that YOSS will not drop young people off at home, if they are aged less than 14 years of age and no-adult is home. I understand that YOSS will try to contact me or the emergency contact person: YOSS is not able to drop a young person off to another house without the consent of the parent/caregiver. I understand that if no-one can be contacted – the young person will be taken to the Police Station.
12. I understand that disruptive behaviour and misconduct will result in the person concerned being sent or taken home. Fees will not be refunded and any costs for damage or transport will be charged to the parent/guardian.
13. I understand that YOSS will not be responsible for the safe-keeping of participant's individual items such as cellphones, ipads and digital cameras. Please keep your treasured possessions at home.
14. If I have a complaint, concern, grumble or compliment about anything, I will contact the Manager at YOSS by phoning 06 3555906, emailing info@yoss.org.nz or writing to Youth One Stop Shop, PO Box 575 Palmerston North. Feedback is important to YOSS and they welcome my feedback

Medical Information

Name of current General Practice (Doctor) of young person:	
Contact Telephone number:	
Current medical issues: e.g. asthma, epilepsy	
Regular medications (stating name and dosage):	
Medications given to YOSS staff:	
Known allergies (including to antibiotics, food, insect bites):	
Special instructions and comments:	
Any special dietary requirements? Yes / No	

Parent/Guardian Signature: _____ **Date:** _____

OFFICE USE ONLY:

Registration form is signed off by

1. _____ Date: _____
2. _____ Date: _____