



Community Event Permission Form

Participant Details

FULL NAME		<input type="checkbox"/> Male	<input type="checkbox"/> Female
SCHOOL	DOB	AGE	
HOME ADDRESS		POSTCODE	
EMAIL ADDRESS	HOME PHONE	MOBILE	

Event Details

DATE FROM	<input type="checkbox"/> Fruit Bottling	<input type="checkbox"/> Bush Dance*	<input type="checkbox"/> Woodchop Weekend	<input type="checkbox"/> Work Party Weekend
DATE TO	<input type="checkbox"/> Work Experience	<input type="checkbox"/> Other	DETAILS	
MODE OF TRAVEL	<input type="checkbox"/> Public Transport independently	DEPARTING FROM:		
	<input type="checkbox"/> Lift organised by Wollangarra	TIME ARRIVING HEYFIELD/TRARALGON:		
	<input type="checkbox"/> Other	WITH		
		DETAILS		

Agreement

TO BE COMPLETED BY PARENT / GUARDIAN

Please note that Wollangarra's staff do their utmost to ensure a safe environment for all people, young and old, attending a Wollangarra event. These events are the heart of the Wollangarra community, where people from all walks of life and age groups can come together to learn, enjoy and give of themselves. Young people are at the core of that community, as Wollangarra was built for them, and their involvement in these events is very important. Although supervised, the young people attending a Wollangarra Community Event are afforded more independence and responsibility than on any other Wollangarra program.

NAME OF PARENT / GUARDIAN	STUDENT PARTICIPANT
CONTACT PHONE NUMBER	DATE

I give permission for my child to attend Wollangarra for the Event / dates shown above SIGNATURE

I am aware that while at Wollangarra my child may be participating in the following activities, and give my permission for them to do so: swimming, cooking, environmental work, supervised building, gardening, farm maintenance, wood chopping, hiking and overnight camping. SIGNATURE

I am aware that there may be the presence of alcohol at this event.
(*Alcohol is sold at the Wollangarra Bush Dance to attendees of the legal age limit – ID required).
I am also aware that there are other people, over the age of 18, who have come to participate in the Community Event, who may not have 'Working with Children Checks'. SIGNATURE

I give permission for photos taken of my child to be used in the production of Wollangarra's brochures, newsletters and website. SIGNATURE

I acknowledge that I have read all the information provided, and that I have completed and attached the Wollangarra medical forms. SIGNATURE
I also understand that whilst at Wollangarra if my child behaves in any manner that may risk their own or others safety, or is deemed by the staff to be unacceptable, then their participation on the program may be discontinued.

Privacy Statement

Wollangarra maintains a commitment to ensuring that all information, including medical details, gathered by the centre, or provided by the group leader, will remain confidential, and will only be used for the purpose for which it was intended.