



Annual Membership Form

Child 2		
First Name		Last Name
Date of Birth		Age
Gender		Cultural Background
Address		
Medical information	Are there any medical, food allergies or physical conditions that need to be brought to the attention of the supervisors?	
Emergency services permission	Do you give the Shire permission to contact an Ambulance service for your child in case of an accident or emergency?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Do you have ambulance cover? (Can be a \$1000 bill)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Photo / Video for under 18's	I give permission for photographs or video footage of my child's participation in any Morawa Youth Centre programs to be used by the Shire of Morawa for promotional purposes. I have no claim against the Shire of Morawa for any reward for the publication of photographs or videos.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Child 3 (youngest) Children 6 or 7 years are responsibility of siblings		
First Name		Last Name
Date of Birth		Age
Gender		Cultural Background
Address		
Medical information	Are there any medical, food allergies or physical conditions that need to be brought to the attention of the supervisors?	
Emergency services permission	Do you give the Shire permission to contact an Ambulance service for your child in case of an accident or emergency?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Do you have ambulance cover? (Can be a \$1000 bill)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Photo / Video for under 18's	I give permission for photographs or video footage of my child's participation in any Morawa Youth Centre programs to be used by the Shire of Morawa for promotional purposes. I have no claim against the Shire of Morawa for any reward for the publication of photographs or videos.	<input type="checkbox"/> Yes <input type="checkbox"/> No