

Participant Registration 2019



Student Details

Name: _____ Male/Female

Address: _____

Suburb: _____ Postcode: _____

Parents Email address: _____
(this will be used to send you reminders about concerts, newsletters, and other important information).







Home Phone: _____ **Parents** Mobile phone: _____

School: _____ Grade Level: _____

T-Shirt Size: _____

Instrument Choice

Please indicate below, which instrument you would like to learn. Please choose **three** options by using numbers 1, 2, or 3. Choice 1 being most preferred.

	Cornet			Trombone	
	Tenor Horn			Tuba	
	Baritone/ Euphonium			Percussion	

Participant's Agreement

As a participant in Just Brass, I agree to:

1. Attend band practice each week on Mondays from 4pm-5pm
2. Commit to 15 minutes of practice 4 days a week
3. Do my best to look after all equipment entrusted to me
4. Attend and participate in every end of term concert

Student's Signature

Student's Name (print)

Date

Parent or Caregiver's Signature

Parent or Caregiver's Name (print)

Date



Individual Record & Permission Form

CONFIDENTIAL

Parents/guardians should read and complete this form giving details about the child/young person.

The permission/indemnity sections should be carefully read, and a response given to each section. Please read the privacy notice at the end of the form.

SALVATION ARMY YOUTH/CHILDREN'S WORKERS

Salvation Army Youth/Children's workers are required to undergo child protection screening and training in safety and care procedures and duty of care.

PORT MACQUARIE JUST BRASS PROGRAM		
Name of child/young person:		
Date of birth:	Gender:	Male <input type="checkbox"/> Female <input type="checkbox"/>
Address:		
Parents' phone: Home	Work	Mobile
Parents' email:		
Languages spoken at home:		

MEDICAL INFORMATION			
Medicare number:	Position on card:		
Family doctor:	Phone:		
Address:			
Pre-existing or present medical conditions:			
Name and dosage of any medications that must be taken during the course of the program – overnight programs only . (NOTE: workers do not provide medications, including non-prescription e.g. panadol):			
Food allergies or intolerances:			
Please tick <input checked="" type="checkbox"/> if your child is allergic to:			
<input type="checkbox"/> Insect stings (please specify)	<input type="checkbox"/> Penicillin		
	<input type="checkbox"/> Other (please specify)		
Please tick <input checked="" type="checkbox"/> if your child suffers from:			
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Asthma	<input type="checkbox"/> Epilepsy or blackouts	<input type="checkbox"/> Heart condition
<input type="checkbox"/> Other (please specify)			
Can your child swim? (Please tick <input checked="" type="checkbox"/>)			
<input type="checkbox"/> No	<input type="checkbox"/> Fair swimmer	<input type="checkbox"/> Good swimmer	
Please list any disabilities or activity restrictions (e.g. hearing or sight impairment, ADD or ADHD, behavioural issues, or any other)			

CONTACTS

Parents'/guardians' names:		
Other contact person:		
Relationship to child/young person (e.g. family member, neighbour, family friend):		
Address (if different from child/young person):		
Phone: Home	Work	Mobile
Email:		

SUPERVISION RESTRICTIONS

Are there any relevant legal or custody matters, or orders, current or pending? Yes <input type="checkbox"/> No <input type="checkbox"/> Please specify:
Are there any other restrictions on the supervision of this child/young person? Yes <input type="checkbox"/> No <input type="checkbox"/> Please specify:

PERMISSION / INDEMNITY Please read the following points and tick your response for **each** section.

Yes <input type="checkbox"/> No <input type="checkbox"/>	I consent to my child becoming a member of and taking part in the overall activities of this group.
Yes <input type="checkbox"/> No <input type="checkbox"/>	I understand that if urgent medical attention is needed, that every effort will be made to contact the persons listed on this form. In the event that I cannot be contacted in an emergency, I give my permission for my child to receive such medical treatment as the leader may deem necessary.
Yes <input type="checkbox"/> No <input type="checkbox"/>	I give my permission for my child to be transported in corps vehicles or private cars arranged by the leaders of the abovementioned group on those occasions when it is necessary.
Yes <input type="checkbox"/> No <input type="checkbox"/>	I consent to information about my child being collected as required for activity specific permission forms and accident/incident report forms.
Yes <input type="checkbox"/> No <input type="checkbox"/>	I give my permission for my child to be photographed or videotaped. I understand that the image may be displayed in Salvation Army publications or websites. I understand that my child's name will not be published or linked with photographs.

I confirm that the information contained on this form is true and correct.

I agree to inform the leader of any change to these details.

I understand that all reasonable safety precautions will be taken at all times by the above-mentioned group and that the leaders and those connected with the group cannot be held responsible for personal injury, loss or damage incurred by the subject of this form.

I also understand that The Salvation Army is part of the Christian church and as such will run this activity acting on those principles and beliefs.

I have read the Privacy Notice attached to this form.

Parent/guardian name & signature:	Date:
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Please return this form to: **PORT MACQUARIE SALVATION ARMY**

PRIVACY NOTICE

For the purpose of this Privacy Notice, The Salvation Army means The Salvation Army (being the unincorporated religious and charitable association), The Salvation Army (New South Wales) Property Trust, The Salvation Army (Queensland) Property Trust and any organisations or bodies corporate owned or operated by any of the bodies above. A reference to 'you' or 'your information' may also refer to your child or children participating in our children and youth activities, and any information related to them.

The Salvation Army, a not-for-profit organisation, is committed to upholding the Australian Privacy Principles contained in the Privacy Act 1988 (Cth). Our Privacy Officer is responsible for ensuring that our privacy policies are adhered to and our detailed privacy policy can be accessed online at <http://salvos.org.au/privacy-policy/>, by contacting our Privacy Officer on 02 9266 9554 or by writing to us at PO Box A435, Sydney South NSW 1235. Our privacy policy includes information about how you may access and update the personal or sensitive information we hold about you and details of how you can complain about a breach of the Australian Privacy Principles and how we will deal with your complaint. You have the option of not identifying yourself or using a pseudonym when dealing with us in relation to a particular matter, unless we believe it is impracticable to do so in the circumstances. If you wish to deal with us in this manner, you must tell us in writing so that we can consider if your request is practicable.

The Salvation Army collects personal and sensitive information about you that we believe is reasonably necessary to manage the participation of your child/children in the children and youth activities run by The Salvation Army. By providing us with this sensitive information you consent to our use or disclosure of your information for a secondary purpose directly related to the primary purpose. Unless permitted by law, we will not use this information for any other purpose without your consent. The information we collect includes the information you provide to us on this form, any additional information you provide to our staff verbally or otherwise and any information we may need to collect about you from third parties on your behalf (if applicable). You may request access to the information we hold about you at any time by contacting our Privacy Officer. By not collecting this information we may be unable to facilitate your child/children's participation in the children and youth activities we run.

In order to perform these tasks, we may need to disclose this information to organisations and individuals that carry out functions on behalf of The Salvation Army. These organisations and individuals may include health care providers, government agencies and public sector bodies, law enforcement agencies, community service providers and external service providers.

By signing this form where indicated, I acknowledge that I have read and understood this privacy notice and freely agree to provide the sensitive information referred to and/or contained in this document to The Salvation Army. I acknowledge that the information I have provided to The Salvation Army is current and I consent to the disclosure of this information to the types of organisations or individuals identified above. I undertake to notify The Salvation Army as soon as practicable if this information is no longer current or if my consent for the collection of this information is withdrawn. I acknowledge that until such time that I notify The Salvation Army that my consent is withdrawn, I agree that The Salvation Army will be entitled to presume that this consent is current and informed.

OFFICE USE ONLY

Date received: / /

- Data entered into database
- Welcome pack sent

- Instrument label
- Name badge and folder label
- Form added to folder

Instrument assigned: _____ ID: _____ RENEWAL DATE (12 months after receipt): __/__/__