

The Y WA Membership Form



Drop-in Centres/Holiday Programs/Weekend Activities/Case management

16 - 25 Years

Section A – Participant Details

Name	DOB	Age	
Address			
Cultural Identity	Gender Identity		
Phone Number	Young Persons Mobile		
Swimming ability (please circle one answer)	None at all	With difficulty	Easily

Section B – Service Agreement

- I understand the youth centre is a drug, smoke, and alcohol-free zone.
- I agree to follow staff instructions.
- No weapons of any sort on youth centre premises.
- No violence towards anyone, physical or verbal.
- Respect other people (this includes staff).
- Anyone deliberately abusing, misusing, or breaking equipment will be expected to pay for a replacement. Please report any accidental breakages to staff, you will not be penalised for that.
- No graffiti writing or defacing the centre or its contents in anyway.
- I understand that when I am attending the youth centre that I am responsible for my own behaviour and the safety of my property.
- I agree to sign the attendance sheet when visiting the youth centre.
- I understand the penalties imposed for breaching youth centre rules and this may include time-out from attending the youth centre.
- I also understand that the Y WA staff are not responsible for me if I leave the youth centre premises or its activities of my own accord.
- I am aware that the youth centre provides food as part of a cooking program. It is my responsibility to be aware of food allergies and to ask staff for a list of ingredients.
- I understand that it is my responsibility maintain up to date, current contact information with the Y WA.
- **I am aware that the Y WA has a responsibility to ensure that any incidents of suspected child maltreatment will be handled with respect and will be dealt with promptly and appropriately. Any allegation or disclosure of abuse, neglect, or assault, including sexual assault, of a young person will be reported to the Department of Child Protection and Family Support.**

I have read the above agreement and fully understand the Y WA centre rules and agree to abide by these guidelines.

Signature

Date

Section C – Parent/Guardian/Emergency Contact Details (Please provide TWO emergency contact details)

Name	Phone
Mobile	Relationship to you
Name	Phone
Mobile	Relationship to you

The Y WA commits to the following in regards to your privacy. We commit to: retaining your information in a secure environment and will only provide essential information to our agents or service providers for the purpose of conducting our business or service with you; binding all staff, agents or service providers to our confidentiality agreements and our Privacy Policies; not sharing or selling your information to any third party for marketing purposes and not releasing information unless required by law to do so; providing you with a copy of our Policy document if you require it; explaining the reasons for collecting the information, how we use it, and the consequences of not having the information required. Non identifiable information is used for reporting and program improvement and may be provided to the Y National Office and other Y Associations and organisations which partner with the Y WA.



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Section D - Medical Information (please circle yes or no)

Do you have any Allergies?	Yes	No
Allergies: What are you allergic to?		
What is your reaction?		
When was your last reaction?		
What is the treatment plan for this allergy?		
Do you have Asthma?	Yes	No
Asthma: What are the triggers for your asthma?		
Do you use a preventer daily? If so what?		
Do you use a reliever? If so, do you carry this on you?		
What are your warning signs for the onset of an asthma attack?		
Please describe the best strategies for obtaining relief from an asthma attack		
Are you Diabetic?	Yes	No
Diabetes: Warning signs for the onset of hypo/hyperglycaemia		
Best strategies for obtaining relief from the above		
Additional Details		
Do you have any recurring injury or illness?	Yes	No
Do you have any emotional, behavioural, or mental health issues?	Yes	No
Do you have any other conditions we should be aware of	Yes	No
If you answered YES to any of the above questions, please provide details and attach management plans. Please note any medications required, need to be carried at all times.		

Section E – Optional Consents

Media Release

I give permission for my name and photograph to be used in all media promotion (including Facebook) in relation to the Y WA excursions, programs, and activities.

Signature

Date

Excursions

I give permission to be transported by the Y WA staff in a Y WA vehicle. Signing below provides consent to attend excursions with the Y WA.

Signature

Date

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