

KINCUMBER YOUTH CENTRE MEMBERSHIP FORM

NAME: _____ DATE OF BIRTH: ____ / ____ / ____

HOME ADDRESS: _____

HOME PHONE: _____ PERSONAL MOBILE: _____

DO YOU LIVE WITH BOTH PARENTS () ONE PARENT () REFUGE () PARTNER () SELF ()

PARENT NAME _____ CONTACT NUMBER _____

WHAT IS YOUR CURRENT STATUS. ie School, Work: _____ E-MAIL: _____

MEDICARE NO: _____ REF NUMBER _____ EXPIRY DATE: _____

IS THE MEMBER AFFECTED BY ANY OF THE FOLLOWING: N / A

- HEARING PROBLEMS EPILEPSY INSECT STINGS DIABETES
- HEADACHES ASTHMA NOSE BLEEDS HAY FEVER
- PEANUTS/BUTTER FAINTING PENICILLIN CONVULSIONS
- OTHER: _____

DOES THE MEMBER TAKE ANY MEDICATIONS. IF SO, WHAT: _____

DOES THE MEMBER IDENTIFY THEMSELVES AS ABORIGINAL OR TORRES STRAIT ISLANDER? _____

IS THE MEMBER A REGISTERED DISABLED PERSON? _____

IS THERE ANY OTHER RELEVANT INFORMATION ? _____

SIGNATURE: _____ DATE: _____

PARENTAL/GUARDIAN CONSENT (IF UNDER 18):

I _____ (please print) hereby give my consent for my child to become a member at the Kincumber Youth Centre (Kincumber street, Kincumber) and possibly be photographed for use on an ID Card at Kincumber Youth Centre. I do / do not (please cross out) give my consent for him / her to be photographed for media purposes for use in relation to Gosford City Council Youth Centres and activities.

NAME: (Please Print) _____

ADDRESS: _____

PHONE: _____

SIGNATURE: _____ DATE: _____

STAFF MEMBER SIGNATURE: _____ DATE: _____

