# KICKSTART- Youth Mental and Physical Health Awareness Day

# REGISTRATION FORM

Dear Parents / Carers

Students in Year 10 are invited to the Kick Start Conference held at Springwood High School on Thursday 26th February. The day will include yoga and some physical exercise so students are invited to wear sports uniform and shoes. The day is being co-hosted by Wesley Reconnect, Headspace, and Mountains Youth Services Team (MYST), with food provided by Nutrition Station. Recess and lunch will be provided and held at different times to the rest of the school. Please complete the registration form below and return it to your child’s roll call teacher.

Sincerely,

Pat McArthur

School Counsellor

|  |  |  |  |
| --- | --- | --- | --- |
| **Young Person’s details** | | | |
| **Child’s Full Name:** |  | | |
| **D.O.B.** |  | **Gender:** | Male / Female |
| **Cultural Background** |  | | |
| **Dietary Requirements** | Halal Vegetarian Gluten free Other ­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Emergency contact information** | | | | | |
| **Parent/Guardian Full Name:** | | | **Relationship to young person** | |  |
| **Phone Number:** |  | **Mobile number:** | |  | |
| As parent/guardian I understand that Staff and instructors will take reasonable care for the welfare and safety of those attending the event but are not responsible for any accident or sickness otherwise occurring.  I acknowledge that attending the KickStart day may involve my child’s participation in sporting activities and the staff and instructors will take reasonable care to minimise risk to participants.  I have provided staff with details about any disabilities, illnesses and /or other issues affecting my child that may place him/her at greater than normal risk.  I give permission for staff to obtain medical assistance in the event of illness or injury whilst at the event. If I cannot be reached in an emergency I also give permission to the physician to hospitalize and administer treatment as required.  ***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***  *Parent / Guardian Name*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Parent / Guardian Signature Date | | | | | |

Publicity release form

|  |  |  |
| --- | --- | --- |
| By signing this form I hereby give permission for the above organisations to use my image, likeness, interview or voice (herein known as ‘content’) in any media as specified below for the purposes of promoting and marketing service or product.  I have been advised by Wesley Mission, Springwood High School, headspace Penrith, Blue Mountains City Council, Nutrition Station and MYST that I will receive no payment for the use and publication of this content and that it may be used in perpetuity. I am aware this content may be used by the mainstream media outside of these organisations. |  | If consent is for image/photograph or video content, attach image of participant here.  (Align to top right corner of page if larger than box) |

**Wesley Mission, Springwood High School, headspace Penrith, Blue Mountains City Council, MYST and Nutrition Station can use my real name in association with this content.**

|  |  |
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| Exceptions for use | (please specify) |

**This content may include:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Image/photograph |  | Interview/story |  | Video |
|  | Voice recording |  | Performances and songs | | |

## This content can be used for all productions of Wesley Mission, Springwood High School, headspace Penrith, Blue Mountains City Council, MYST and Nutrition Station

## OR (please specify)

|  |  |  |
| --- | --- | --- |
| Television or multimedia  Voice recording (Radio)  Print publications  Print publications (other) | | Online  Intranet (internal to above organisations)  Internet  Social media (e.g. YouTube, Facebook, Twitter) |
| Exceptions for use | (please specify) | |

**Participant’s information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Full name (print) |  | | | |
| Date of birth (dd/mm/yyyy) |  | Gender | (M) | (F) |

**Participant (or signatory \*) information**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Residential address | |  | | | | | |
| Sate |  | | | Postcode |  | | |
| Phone |  | | | Email |  | | |
| Signatory name (if applicable) | | |  | | | | |
| Signature |  | | | | | Date signed |  |

\* If participant is a minor or lacks capacity to approve the content, signatory warrants and represents they have full legal capacity to agree to the release of all rights of the participant’s content. If you are signing in this capacity please enter your details in the signatory details above.

If, after the event, you decide that you would like to change any of the above information or withdraw permission to use content within media or any publications, please call Lynsey Monaghan at Wesley Mission on (02) 4723 9278.

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| **Internal office use only** | | | |
| Original job number |  | Project Officer |  |
| Sector / Portfolio |  | Photographer / Filmmaker |  |