**Strong Spirits Participant Registration Form**

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| **PARTICIPANT DETAILS (UNDER 16 YEARS)** |
| **Full name** |  |
| **Pronouns** |  |
| **Date of birth** |  |
| **Mobile number** |  |
| **Email address**  |  |
| **Postal address**  |  |
| **Do you identify as Aboriginal or Torres Strait Islander?** |  |
| **Do you have any accessibility requirements?** |  |
| **Do you have any dietary requirements or food allergies?** |  |
| **Emergency contact name**  |  |
| **Emergency contact number** |  |

**More information**

If you would like more information about Strong Spirits or have any questions or concerns at all, please do not hesitate to contact either Lily Bourke on 0418 667 612 or lbourke@bethany.org.au.

**Activity permission**

I, ………………………………………..…... as the parent/carer/guardian, give permission for my child to participate in Strong Spirits youth art program. I understand that this may act as an ongoing consent form for subsequent Strong Spirits events and activities until I inform in writing by emailing lbourke@bethany.org.au.

I understand the session will be facilitated by Bethany Community Support and artist Sherry Johnstone with involvement from Brophy Family and Youth Services and the Warrnambool City Council.

Signed: …………………………………………………………………………...........................

Please Print Full Name: ………………………………………………………….......................

Date: …………………………………………………

**Photo consent**

We hope to document and celebrate the Strong Spirits program by taking and sharing photos. Please indicate below if you consent to your child’s photo being taken. Contact Lily if you have any questions about the use of photography in this program.

Lily Bourke: T: 0418 667 612 E: lbourke@bethany.org.au

I, ……………………………………………………………………………………., as the parent, carer or guardian of the child named below, give my permission for my photograph to be taken during the Strong Spirits program and related events. I give the partners involved in this program (Bethany Community Support, Brophy Youth Services and Warrnambool City Council) to use the photographs or videos taken of my child for internal use AND/OR on social media.

I understand:

* that my child’s participation is voluntary and I will not be eligible for any financial compensation or royalties related to the use of this image/video; and
* that information shared to social media platforms such as (but not limited to) Facebook, LinkedIn, Instagram and Twitter is available publicly and may be stored on overseas servers. Bethany does not have control over how that information is stored or handled by social media platforms or by others who view that information.

Name of Child: .........................................................................................

Signed: …………………………………………………………………………...........................

Please Print Full Name: ………………………………………………………….......................

Date: …………………………………………