



Youth Forum Registration Form

Event: Youth Forum: Tackling Racism and Discrimination
Date: Tuesday 17th March 2009
Time: 9.30am - 2.45pm
Venue: Melton Youth Services, 193 Barries Road, Melton
Cost: Free

Please complete and submit the following registration form. These details will not be disclosed to anyone outside of CMY and program partners, where possible, without your prior permission.

Please print CLEARLY.

Name	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of birth	/ /
Cultural background	
Language/s spoken at home	
Address (with postcode)	
Home phone number	
Mobile phone number	
Email address	
Migration journey/cultural identity	<input type="checkbox"/> I am first generation migrant (born overseas and migrated here) <input type="checkbox"/> I am second/third generation migrant (my parents/grandparents were born overseas, but I was born here) <input type="checkbox"/> I am from a refugee background <input type="checkbox"/> I am from an asylum seeker background <input type="checkbox"/> I am from an Indigenous Australian/Torre Strait Islands background <input type="checkbox"/> I am from an Anglo-Celtic/European background <input type="checkbox"/> Other _____
What do you hope to get out of the forum?	<hr/> <hr/> <hr/>



Parent/Guardian to complete this section

As a parent or guardian, I give permission for my son/daughter to attend the **Youth Forum on Tuesday 17th March 9.30am-2.45pm** at Melton Youth Services, 193 Barries Road, Melton.

YES NO

Transport:

If required, I give permission for my son/daughter to be transported by a CMY and/or Melton Youth Services worker to and from Youth Forum.

YES NO

Medical treatment:

When it is not possible to talk to me, I agree to the worker in charge at CMY to take my son/daughter to a doctor or hospital to get medical help. The doctor may give whatever medical or surgical treatment he or she believes is necessary.

YES NO

Please fill in the following emergency contact information:

Participant's Name	
Date of Birth	
Street Address	
Suburb	
Postcode	
Home Phone Number	
Name of emergency contact person	
Emergency contact phone number	
Does your child have any allergies, medical problems and/or currently taking any medication?	
Does your child have any dietary or cultural/religious requirements (needs halal or vegetarian food, or a space for prayers)	

<p>Parent/ Guardian Name</p> <p>_____ (print name)</p> <p>Parent's/Guardian's Signature</p> <p>_____ (sign)</p> <p>DATE:</p>	<p>Participant Name</p> <p>_____ (print name)</p> <p>Participant Signature</p> <p>_____ (sign)</p>
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If you have any questions or would like any more information, please contact **Caillin Wilks**.
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Fax: (03) 9349 3766 **Website:** www.cmy.net.au

