

# Synergy Youth Centre

Synergy Youth Centre: 1 Little St. Lane Cove,  
a service of  
Lane Cove Council: 48 Longueville Rd. Lane Cove

## PERMISSION NOTE

Synergy Youth Centre runs a range of programs where permission notes are necessary for young people aged under 18 years including skate nights, holiday activities and excursions.

The information collected allows Council to be confident that:

- We have background details which will assist in planning the event and accommodating any special needs of your child/ward.
- You have given your child/ward permission to participate in activities.
- You can be contacted in the event of a mishap or accident.

I give permission for: Family Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Sex:             Male                       Female

Who lives at: \_\_\_\_\_

to attend \_\_\_\_\_ (e.g skate night) that has been organised by the Youth Team at Lane Cove Council.

Medical Condition/Allergies/Special needs including medications:

\_\_\_\_\_

Medicare number: \_\_\_\_\_

Other Health Fund: \_\_\_\_\_ Number: \_\_\_\_\_

In case of an emergency contact: \_\_\_\_\_

I \_\_\_\_\_ [PARENT/GUARDIAN] understand that, while every care is and will be exercised by those in charge of this activity, I agree to and do hereby discharge and indemnify and undertake to keep indemnified Synergy Youth Centre and Lane Cove Council and their members, officers, employees, servants, agents, consultants, contractors and volunteers from and against all actions, suits, damages, claims and demands arising out of the death of my child/ward or out of any accident, injury or illness which may befall or occur to my child/ward during or as a result of participation in any activity or function connected with Synergy Youth Centre or Lane Cove Council or when travelling to or from such activity or function. I further authorise any officer or other duly authorised person of Synergy Youth Centre or Lane Cove Council in the event of such accident, injury or illness to obtain such medical assistance or treatment for my child/ward as that officer or other person may consider necessary and for this purpose engage any doctors, nursing assistance or hospital accommodation and in this event I agree to pay on demand all fees and expenses.

Relationship to person: \_\_\_\_\_  
Mother, Father or Guardian

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Phone Number: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

### DECLARATION UNDER THE PRIVACY AND PERSONAL INFORMATION PROTECTION ACT 1998

Lane Cove Council is committed to complying with the provisions of the Privacy and Personal Information Protection Act 1998. The personal details requested on this form will only be used in connection with and for the purposes of the activities of Synergy Youth Centre within the organisation of Lane Cove Council. If you are unable or unwilling to supply the information requested, it may not be possible for your child/ward to participate in any event organised by Synergy Youth Centre or Lane Cove Council. Access to this information is restricted to Synergy Youth Centre and Lane Cove Council officers and their agents, consultants and contractors (including legal advisors) and any other persons authorised at law. Lane Cove Council is to be regarded as the agency that holds the information. You may make application for access or amendment to information held by Council.

Please tick this box if you would like to receive information on any upcoming Youth Events in Lane Cove.



Lane Cove Council