



# UHSC YOUTH SERVICES Excursion Permission Form

## Excursion Details: Hunter Ice Skating Stadium.

Dear Parent/Guardian, please see below details of an UHSC Youth Services activity.

Excursion Details	
Excursion Outline:	Travel by bus to Hunter Ice Skating Stadium Warner's Bay. Skate for two hours, eat at McDonald's on the way home.
Date:	Friday 13 <sup>th</sup> January 2017.
Destination:	Hunter Ice Skating Stadium, Warner's Bay.
Travel Arrangements	
Depart Murrurundi CTC.	7am.
Return Murrurundi CTC.	6pm approx.
Youth Worker Details:	
Youth Worker In Charge Mobile Phone	Kathryn Jennett 043 843 7082
Other Youth Worker details	Carlie Brown 0417 287 540
Participant Details:	
Clothes / Equipment	Comfortable clothing, thick socks and warmer cloths in case it's cold in the ice skating rink.
Cost per person	\$25, a water bottle. ALSO BRING MONEY FOR McDonald's ON THE WAY HOME.
<b>Payment must be paid by 6/1/2017 to secure a seat. Sufficient numbers required for excursion to proceed.</b>	

### PRIVACY STATEMENT

The personal information that Council is collecting from you is personal information for the purposes of the Privacy and Personal Information Protection Act 1998. The intended recipients of the personal information are officers within Council; data service providers engaged by Council from time to time; any other agent of Council.

The supply of the information is voluntary. If you cannot provide or do not wish to provide the information sought, Council will be unable to process your application.

You may make application for access or amendment to information held by Council. You may also make a request that Council suppresses your personal information from a public register. Council will consider any such application in accordance with the Act. Council is the agency that holds the information.

Enquiries concerning this matter can be addressed to the UHSC Public/Privacy Officer.

## Participant Details for returning to Council Office or Youth Workers

**Return this section to Youth Worker by 6<sup>th</sup> January 2017.**

Name of Participant:		
Address:		
Home phone & mobile		
Medical conditions & medication		
Medicare Number:		
I give permission for the Upper Hunter Shire Council to use photographs of _____ in media releases and in other forms of publicity such as website and social media.		
Signed:		Date:
In the event of an accident I give permission for my child to be administered First Aid and to be transported to hospital if necessary. I understand every attempt will be made to contact me before acting on this permission.		
Signed:		Date: