



Glow Run at Merriwa – Youth Week Event

UHSC YOUTH SERVICES BUS TRAVEL PERMISSION FORM

Event Details	
Excursion Outline:	Bus to Merriwa for Youth week Glow Run. Buses to depart and return to Murrurundi, Blandford, Wingen, Parkville, Scone, and Bunnan at regular school bus stops.
Date:	Wednesday 17 th April 2019
Destination:	Merriwa No. 1 Oval Merriwa
Travel Arrangements	
Departure Time	Murrurundi: 3:30pm, Blandford 3:40pm, Wingen: 4:00pm, Parkville: 4:15pm Scone: 4:30pm, Bunnan: 5:00pm (be there 15 minutes before departure)
Arrival back time:	Bunnan: 9:00pm, Scone: 9:30pm, Parkville: 9:40pm, Wingen: 9:50pm, Blandford: 10:05pm, Murrurundi; 10:15pm
Youth Worker Details:	
Youth Worker In Charge	Vanessa Whitten
Mobile Phone	0447 610 915
Participant Details:	
Clothes / Equipment needed	Clothing that can be glow dyed, preferably black or white (gives the best result). Water bottle and warm clothes for colder weather. Bring a change of clothes to travel home in
Cost per person	The event is free. Bus will cost \$1 per person and is to be paid when returning the note to book your space on the bus. Money required for BBQ/drinks.
The bus to Youth Week will be cancelled at 5:00pm Friday 12th April if there are insufficient participants	

Privacy Statement: The personal information Council is collecting from you is personal information for the purposes of the Privacy and Personal Information Protection Act 1998. Any personal information supplied or collected will only be stored and processed for lawful purposes directly related to the functions and activities of Upper Hunter Shire Council.

Participant Details for returning to Youth Services staff or Council Offices

Return this section to the Youth Centre or Council office by Friday 12th April 2019

Name/s of Participant/s:	
Address:	
Home phone & mobile	
Medical conditions & medication	
Medicare Number:	
Please state which stop your child will be departing from and returning to	
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 by ambulance if necessary. I understand every attempt will be made to contact me before acting on this permission. Signed: _____ Date: _____	
Office Use Only: Please take only the Participant Details section of this form and trim with reference to Youth Services / Youth Week 2019 – internal recipient Vanessa Whitten Receipt to code 1780.0110.0220	