

**REGISTRATION AND CONSENT FORM**

**APPLICATION FROM NON INTERACT/EARLYACT CLUB MEMBERS**

Name

Age

**ROTARY YOUTH PROGRAM ATTENDED**

PAST INTERACTOR  RYLA  RYPEN  MUNA  NYSF  YEX  ROTEX

Other  PLEASE SPECIFY-----

Mobile No ----- Email address-----

**IF PERSON ATTENDING IS UNDER THE AGE OF 18**

I have seen the conference program at <http://www.rotaryconference.org.au/interact.html>  
and apply/approve the above to attend this conference on the 16/2/2019.

**Medical Conditions .....**

1. In the event of accident or illness I authorise conference organizers to consent to my child receiving emergency medical or surgical treatment as deemed necessary. I also undertake to pay or reimburse any costs which may be incurred including that of ambulance transportation if it is needed.
2. I understand my child will be wholly responsible for any medication, etc they may need on the day.
3. I agree to permit Rotary to publish whether in printed form or on the internet or any other means any photographic image, sound and film recordings that may be taken of my child at the event which may then be used to promote Rotary and its Youth programs to the media and general public.
4. I understand the contribution to the cost of the Conference for is \$10 which is to be paid at the time of registration OR to be paid by 16 February to finalise registration and admit entry. *In order to minimise time off site and costs to attendees it is highly requested that packed lunch/drinks/snacks be brought to the Convention location.*

**Note dress requirements: smart casual**

Signature of registrant .....

For Registrants under 18yrs : Name and Mobile No of Parent / Guardian

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Name of Emergency Contact and Phone No *(in case Parent/Guardian phone no is not available)*

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Signature of Parent /Guardian .....

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***How to have Registration actioned***

Print and complete this form with signatures, scan and forward by email to Chris Richardson at [cdrichardson@bigpond.com](mailto:cdrichardson@bigpond.com) or Jane Watters at [brenjanewatters@gmail.com](mailto:brenjanewatters@gmail.com) who will confirm payment requirements

*Privacy Statement : The Information you provide will be used exclusively for the purpose of the registration at the Conference and will only be accessed by Rotary personnel. Rotary is committed to protecting the privacy of your personal information as laid down in the Privacy Act 1988. It may be provided to medical professionals where deemed necessary.*