



Northern Sound System

CONFIDENTIAL

NSS Program Registration + Consent Form

For more information please contact Northern Sound System on (08) 8255 5560

1. Participant Details

Given Name Surname

Address

Suburb Post Code.....

Date of Birth

Phone Number (08) Mobile

Email

2. Please complete the section below to show your approval.

I Give my permission for the City of Playford and it's partners to use photographs of me in promotional materials ranging from website, brochures, banners, flyers, advertisements, booklets and any other promotional formats. These photographs remain the property of the City of Playford.

In the event of any accident or illness sustained by me I authorise the City of Playford staff to obtain any emergency medical attention or ambulance (including the administration of any anaesthetic or drug) by a registered medical practitioner and which is considered necessary or expedient, and agree to pay all medical expenses incurred as a result.

Signed Date

Name.....

3. Emergency Contact Information

Emergency Contact:

Given Name Surname

Address

Suburb Post Code

Phone Number (08) Mobile

Relationship to Participant

4. Medical Information

Do you have any medical conditions or special needs (inclusive of allergies, behaviour management issues, etc)? If yes please specify.

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5. Medication

Do you take any prescribed medication in relation to a specific medical condition that NSS should be aware of. If yes please specify.

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6. Any Other Information

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7. Future Mail outs

- Your contact details will be stored on a data base at the Northern Sound System. Please tick this box if you do not wish to receive further information from the Northern Sound System in regards to upcoming training and events.

The information requested on this form is collected for the purpose of obtaining information about the person's needs and the service's capacity to respond. Information gathered in this document will remain confidential.