



Mornington
Peninsula Shire

The Briars

SCHOOL HOLIDAY PROGRAM JANUARY 2026 REGISTRATION FORM

Child's details	
Full Name	
Age	

Parent/Guardian details	
NOTE: This person will be the initial contact in the case of an emergency	
Full name	
Relationship to Child	
Home suburb	
Mobile number	

Emergency contact details	
Do not use the same person as listed above. In the event that the Parent/Guardian listed above cannot be contacted, we will contact this person. By providing their details you affirm that the emergency contact has the lawful authority to consent to the medical treatment of the Child.	
Contact 1	
Emergency contact name	
Relationship to Child	
Mobile number	
Contact 2	
Emergency contact name	
Relationship to Child	
Mobile number	

Name of person authorised to collect the Child	
Please note that this person will be required to sign upon collection of the child from the Program. ID will need to be signed upon collection.	
Full name	
Relationship to Child	
Mobile phone	

Medical Details		
Last tetanus injection	Date:	
Does your child have asthma? If yes, please attach asthma management plan and ensure any medication such as an inhaler is provided on the day.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does your child have epilepsy? If yes, please attach epilepsy management plan.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does your child have an allergy? If yes, please attach allergy management plan.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does your child have diabetes? If yes, please attach diabetes management plan.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Please list any other medical conditions		
Is your child likely to need to take medication during the program? If yes, please provide details including: <ul style="list-style-type: none">• Dosage• Frequency & Timing• Storage Information• Other	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does your child have additional needs or considerations? If yes, please provide further information.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
NOTE: Participants' medical supplies are to be handed to council staff upon arrival. Additionally, a Child will need to be able to self-medicate as needed. Please ensure that the Child has all necessary medical supplies, including those required to manage the conditions listed in this section, with them during the Program.		

Behaviour		
<p>Does your child have any significant behavioural issues? If yes, please provide details including strategies to manage behaviour.</p>	<p>Yes <input type="checkbox"/></p>	<p>No <input type="checkbox"/></p>
<p>Please note that there is no guarantee that staff are qualified to manage behavioural issues in children taking part in the Program.</p>		

At the completion of the Program you are required to sign below before collecting the Child.

Collected by (signature):

Print name: Time

The information on this form is being collected by the Mornington Peninsula Shire Council ("Council") and its authorised contractors and service providers in accordance with its Privacy Policy (available from the Council's website), the *Privacy and Data Protection Act 2014* and the *Health Records Act 2001*. The information you provide will only be used for the purposes of providing access to Council programs and activities at the Briars and may be used for a secondary, related purpose that could be reasonably expected.

You may access personal information you have provided to the Shire and make corrections by contacting the

Shire's Privacy Officer

on 1300 850 600.

Description of Activities included in the Program	
Walking and playing games on uneven surfaces; craft activities, walking through the sanctuary on both on and off track surfaces, planting plants, going near shallow water, damper making.	
Consent and Release	
By signing this form:	
1. I give consent to my child taking part in the School Holiday Program ("Program") and any activities in connection with the Program run by Mornington Peninsula Shire Council ("Council") at The Briars.	2. I give consent to my child being photographed/recorded by Council staff during the Program. I understand and accept that the photographs or recorded material may be used in a range of media for Council publications.
3. I understand that my child's image may be captured on surveillance footage whilst attending Council facilities and that this footage is only for the purpose of protecting Council premises.	4. I agree to supply my child with any/all necessary medication for the period they will take part in the Program or any activities in connection with the Program. I understand and acknowledge that Council staff will not administer medication to my child.
5. I agree to release, indemnify and hold harmless the Council, its employees and officers from and against all present and future claims in relation to and arising out of my child attending The Briars or taking part in the Program or any activities in connection with the Program.	6. I authorise Council staff to contact the specified emergency contact if I cannot be contacted and to provide any relevant information about my child's medical situation and needs to that contact and any paramedic or medical practitioner providing advice/care.
7. I understand that in the event Council staff determine it is necessary for my child to be sent home early due to illness or behaviour, including for example failure to follow reasonable instructions from Council staff, I agree to immediately collect my child from the Program/accept that any costs associated with their return will be my responsibility.	8. I agree to indemnify and hold harmless the Council, its officers and agents against any loss, demands, damages, expenses, claims, actions and suits brought for and on behalf of my child and arising out of or in any way connected with or to my child taking part in the Program or any activities in connection with the Program.
9. I confirm that the information that I have provided in this form is correct and I understand and accept that it is my responsibility to advise Council staff of any changes to the information supplied (including medical).	10. I authorise Council staff in the event of any illness, emergency or accident to obtain on my behalf any such medical assistance as my child may require which may include injection, anaesthetics, and/or blood transfusions. I confirm that I will cover any costs associated with such medical assistance.
11. In case of emergency I agree to my child receiving first aid and medical treatment and/or my child being transported by ambulance or private motor vehicle and will cover any associated costs with such treatment and transport.	12. I understand and accept that Council does not provide accident cover for individual children on Programs. I understand that I may obtain any accident or other insurance cover from a commercial insurer.
13. I have discussed with my child and my child agrees to abide by any of the Council's rules, including any reasonable direction or instruction given to my child by Council staff during the course of the Program. My child agrees to use and/or wear any equipment provided by the Council reasonably necessary for the Program.	14. I acknowledge that the activities are being undertaken for the purposes of recreation, enjoyment or leisure, and involve a significant degree of risk of physical harm.

15. I acknowledge that the Program's activities may be undertaken with one or more other persons as part of a group and that Council is not liable for the actions of other participants in the group activity.	

Risk Warning/Waiver

I am aware that by my child's participation in the Program and any activities in connection with the Program may give rise to certain risks or dangers. These may include:

1. Physical, bodily or psychological injury or death.	2. Physical exertion to which my child may not be accustomed.
3. Failure of equipment or use of inadequate equipment.	4. My child may cause injury to other persons and/or other persons may cause injury to my child.
5. Variation of the conditions in which the activities are conducted without warning.	

By signing below, I acknowledge, agree and understand that the risks associated with the Program and any associated activities have been explained to me.

Agreement

Please check this form to ensure every question has been answered in full and correctly.

Should you have any queries please call the Briars Visitor Centre on 03 5950 1221

SIGNED _____ (Parent/Guardian)

PRINT NAME: _____ DATE _____