



Gadigal Information Service  
Aboriginal Corporation



# Young Black & Deadly Rising Stars 2015 Registration Form

**Please tick the location you will attend:** Please see locations on the form below and respond to all questions for successful registration.

- Cambelltown/Tharawal **21 September** 2015       La Perouse **22 September** 2015
- Blacktown **24 September** 2015       Marrickville **25 September** 2015

**What is your interest (Tick all that apply):**

- Singing     Rapping/rhyming     Other \_\_\_\_\_
- Playing an instrument     Writing/Producing music

**Are you attending with a parent/guardian or with a youth service?**

- Parent/guardian     Youth service \_\_\_\_\_

## Participant

Full Name: \_\_\_\_\_

Gender:     Male     Female    D.O.B \_\_\_\_\_    Age: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_    State: \_\_\_\_\_    Post Code: \_\_\_\_\_

Postal Address: \_\_\_\_\_  
(Only complete if different from above)

Home Phone: \_\_\_\_\_    Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

## Parent/Guardian

*This is the parent or Guardian that has custody of the above child.*

Full Name: \_\_\_\_\_

Gender:     Male     Female    Mr. Mrs. Ms or Other \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_    State: \_\_\_\_\_    Post Code: \_\_\_\_\_

Postal Address: \_\_\_\_\_  
(Only complete if different from above)

Home Phone: \_\_\_\_\_    Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

## Emergency Contact Information

*Emergency Contact #1*

Full Name: \_\_\_\_\_

Gender:     Male     Female    Mr. Mrs. Ms or Other \_\_\_\_\_

Relationship to Camper \_\_\_\_\_

Home Phone: \_\_\_\_\_    Mobile: \_\_\_\_\_

Work: \_\_\_\_\_    Email: \_\_\_\_\_

*Emergency Contact #2*



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**MYRC**  
Strengthening Youth  
Strengthening Community



Full Name: \_\_\_\_\_  
 Gender:  Male  Female Mr. Mrs. Ms or Other \_\_\_\_\_  
 Relationship to Camper \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_  
 Work: \_\_\_\_\_ Email: \_\_\_\_\_

### Medical Release Information

Medicare Number: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Please list any allergies/medical problems, including requiring maintenance medication (i.e Diabetic, Asthma, Seizures).

Medical Diagnosis	Medication	Dosage	Frequency of Dosage
_____	_____	_____	_____
_____	_____	_____	_____

*The purpose of the above listed information is to ensure that medical personnel have the details of any medical problem which may interfere with or alter treatment if needed.*

### Terms of Agreement

Gadigal Information Service (GIS) is not responsible for lost or damaged personal property. GIS will not be responsible for travel costs towards and travel arrangements.  
 Photos, recordings, videos and quotes may be used for publicity or promotional purposes for YBD and GIS.  
 All Scheduled events are subject to change.

### Parental Consent

In signing this application, I hereby certify that the information given is correct. I have read and understand the information.

I permit my child to participate in activities at the selected Rising Star Talent Quest venue. I understand that transport to and from the venue is not the responsibility of GIS.

I hereby give permission to supervising personnel to seek emergency medical treatment in the case of an emergency, including release of records necessary for insurance purposes. In case of an emergency, I give permission to the camp to arrange necessary related transportation for me/my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person(s) named above.

I give permission for the use of photographs, recordings and video including that may include my child to be used for publicity purposes; Gadigal Information Service Website, and internet sites or reports on the Young, Black and Deadly Program.  Yes  No Signature: \_\_\_\_\_

Parent Guardian Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

The Rising Star Talent Quests locations:

- Monday 21st September – TBC on 3 Sep-Tharawal/Campbelltown Arts Centre
- Tuesday 22<sup>nd</sup> September - La Perouse - La Perouse Youth Haven, 1 Elaroo Avenue
- Thursday 24th September – Blacktown - Bowman Hall Campbell Street, Blacktown
- Friday 25th September – Marrickville – MYRC - Cnr Yablesey Ave & Northcote St

Contact information – Danielle Tuwai, Artist Development Corrdinator  
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