



SCHOOL HOLIDAYS 2025 PERMISSION FORM

Referral Source.....
 Referring agencies are responsible for staffing and transport requirements for their young people,
 aged 8 to 17

Referrals to be signed and emailed to heather.momo@ymcawa.org.au

YOUTH NAME:

Date of Birth: _____ / _____ / _____ Contact Number: _____

Parent / Guardian Name:				
Home:		Work:		Mobile:
RESIDENTIAL ADDRESS:				
I require my young person to be picked up from and dropped back at this residential address to attend the activities below YES / NO				
I have read and understood the information regarding the School Holiday Activities held from January 14 th – 25 th 2025. I give my consent for my young person to participate in the following activities:				
Date	Activity	Location	Time:	Attending Please tick
Tuesday 14 th January	Movie Day	Coolgardie	10am – 1pm	
Wednesday 15 th , January	Art Day	Coolgardie	10am-1pm	
Thursday 16 th , January	Bike Workshop	Kalgoorlie	10am – 2pm	
Wednesday 22 nd , January	DIY Tshirts	Coolgardie	10am -1pm	
Thursday 23 rd , January	Scavenger Hunt	Coolgardie	10am-1pm	
Friday 24 th , January	Rock Climbing and Park	Kalgoorlie	10am -2pm	
<p>*Please do make sure that your child brings their own Nerf Gun and have their name written on it</p> <p>I give my consent for my young person to be photographed during these activities YES / NO I give my consent for my young person to be transported to all activities YES / NO</p>				
Signature of Parent / Guardian : _____				Date: / /

