

# Activity Medical & Indemnity Form



*This report is intended to assist YL leaders in case of any special care needed for your son/daughter. All information is held in confidence.*

**Personal Information: to be completed by the parent/guardian.**

Attendee's Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_ School & Year: \_\_\_\_\_

Attendee's Email: \_\_\_\_\_ Attendee's Mobile: \_\_\_\_\_

**Your name (Parent /Guardian with whom the attendee primarily resides):** \_\_\_\_\_

Your residential address: \_\_\_\_\_

State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Your Email address: \_\_\_\_\_

Primary Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Work: \_\_\_\_\_

**Medical Information**

Medicare no: \_\_\_\_\_

Expiry date: \_\_\_\_\_ Child position on card: \_\_\_\_\_

Private Health Insurance Fund & no: \_\_\_\_\_

Name & Phone Number of Family Doctor: \_\_\_\_\_

**Allergies**

Medication: \_\_\_\_\_

Food: \_\_\_\_\_

Other: \_\_\_\_\_

**Physical or Mental Illnesses:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Any other conditions or further information we should know about:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Can the attendee **swim**? (Please tick)

No

Fair Swimmer

Good Swimmer

### Specific Activities

In attending **The Ultimate Water Sports Tour** you consent to your child's participation in a range of general sporting and recreational activities. Are there any specific activities that you **DO NOT** wish your child to participate in? If yes, please specify:

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**Consent to medical attention:** I, the undersigned confirm my consent to the activities my child will engage in while on a Young Life activity or camp. I acknowledge the staff and volunteer agents of Young Life will take all possible care but cannot be held responsible for unforeseen accident or illness arising. I hereby consent to medical, hospital, rescue procedures being employed in the best interests of my child and that I shall be notified as soon as possible should the continuance of such procedures be necessary.

**Disclaimer:** In the unforeseen event of personal injury or illness sustained while on a Young Life activity or camp, or the loss of personal property except where such property was held in the custody of Young Life staff or volunteer agents when lost while on a Young Life activity or camp, I hereby release, and exempt, and indemnify the organisers, sponsors, and all other persons involved in the organisation of the Young Life camp, trip, excursion, from all action, proceedings, demands, costs, expense, and claims whatsoever made or taken by any person arising out of my child's participation in such camp, trip, or excursion.

**Discipline:** If in the event your child's behaviour is deemed by the organisers to be inappropriate or compromises the safety and/or health of other Attendees on the camp, trip or excursion, then Young Life reserves the right to send your child home, at your expense, at the earliest possible time, by the most effective mode of transport, in conjunction with your co-operation.

**Signed Parent / Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

The personal contact/address details you supply on this form will be entered into our database. We may use it to send you further information about Young Life Australia. Young Life Australia adheres to the Privacy Act and will not disclose this information to third parties. If you would like to know what information Young Life holds about you please call **1300 557 647**. Young Life may take photos &/or video footage at Young Life activities and use for promotional purposes. ***Tick the box below if you DO NOT wish photos or footage of your child/guardian to be used.***

**Please remove me from the mailing list.**

**Please do not use media of my child.**