

As Wyld Life Camp 2017 is being held at Lake Burrendong Sport & Recreation Centre, the indemnity form following is a NSW Government form.

Below are some additional questions from Young Life Australia. Please complete all three pages of the indemnity form before returning to your local Young Life Area and arrange payment with them.

Young Life Area: _____

Shirt Size - PLEASE NOTE: these are adult shirt sizes (please circle): XS S M L XL XXL

Part of camp cost includes a camp shirt. If you register for camp prior to Fri 2nd Sept, we will be able to provide the correct shirt size

Shirt Colour (please circle): PURPLE GREEN

Do you give permission for paracetamol to be administered?	YES	NO
Do you give permission for anti-inflammatory to be administered? eg. Nurofen	YES	NO
Do you give permission for anti-histamine to be administered?	YES	NO

Young Life is committed to the safety and wellbeing of all children and young people in our care. Our staff and volunteers are required to: a) possess a current working with children check; b) adhere to a code of conduct when working with children; and c) undergo training in child safety. Young Life Australia takes child protection and safety seriously. Policies and procedures are in place to ensure that your child has a safe and enjoyable experience with us.

Do you consent to appropriate use by Young Life of photographs / video involving yourself / your child?
Sometimes a camp DVD of photos + video is available for campers to purchase as a souvenir. If you Do Not consent to media then your child won't be able to be a part of the camp DVD.

YOUNG LIFE TERMS & CONDITIONS

Consent to medical attention: I give my consent for my child/camper to engage in the organised activities while on the Young Life camp. I acknowledge the staff and volunteers of Young Life will take all possible care but cannot be held responsible for unforeseen accidents or illness arising. I give my consent to medical, hospital and rescue procedures being employed in the best interests of my child/camper and understand 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 on a Young Life 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 camp, I hereby release, and exempt, and indemnify the organisers, sponsors and all other persons involved in the organisation of the Young Life camp for all actions, 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 policy: If in the event your child/campers 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/camper home, at your expense, at the earliest possible time, by the most effective mode of transport, in conjunction with your co-operation.

I have read and agree to the Terms and Conditions detailed above in this registration for the Young Life camp

Medical and Consent form

Complete form in BLOCK LETTERS

Booking details

Participant type: Child (under 18) Adult (over 18) Staff/teacher Carer Other

Booking number: Start date: Venue:

Parent/guardian contact details - if applicable

Title First name Last name

Relationship to participant Email

Home phone Work phone Mobile

Participant information

First or preferred name Last name Male Female Date of birth

Home phone Work phone Mobile

Postal address

Suburb State Post code

Emergency contact number - please provide a 24-hour contact for the duration of the participant's stay

Emergency contact 1 Name

Relationship to participant Phone Mobile

Emergency contact 2 Name

Relationship to participant Phone Mobile

Allergies and special diets

Sport and Recreation endeavours to provide safe, healthy meals to all clients, including those with special dietary needs. Those at risk from food related anaphylaxis require the highest level of care. It is important that we receive information regarding food related allergies even if the participant is attending a self-catered program.

If the participant has a special dietary need please provide information below.

Food related anaphylaxis diagnosed by a doctor. Please indicate the item/s the participant CANNOT eat

Peanuts Tree nuts Egg Wheat Sesame Crustaceans Fish Milk Soy Sulphites Other

If you selected sulphites, please provide more details below If you selected other, please provide details below

Food related allergy or intolerance. Please indicate the item/s the participant CANNOT eat - allergy or intolerance

Peanuts Tree nuts Egg Wheat Sesame Crustaceans Fish Milk Soy Gluten Lactose/dairy

Yeast Food additives Sulphites Other

If you selected food additives and/or sulphites, please provide more details below If you selected other, please provide details below

Food related aversion/religious beliefs/lifestyle choice. Please indicate the participant's special diet

Vegan Vegetarian No red meat No beef Halal Kosher Other (please provide details below)

Non-food related allergy. Please indicate the participant's non-food related allergy

Insect bite/sting Medication Other Please specify

Has the participant been hospitalised with a severe allergic reaction? Yes No

Has the participant been prescribed an adrenaline auto injector (EpiPen or AnaPen)? Yes No

Does the participant have an ASCIA Action Plan for anaphylaxis? Yes No

On arrival, it is vital the participant provides a copy of their ASCIA Action Plan to Sport and Recreation staff.

If you indicated that the participant has an allergy or has an adrenaline injector but no Action Plan, please provide more details below.

Health details and related information

Participant's Medicare number Position on card Valid to month Valid to year

Does the participant suffer from any of the following?

- A current illness A disability/chronic illness Asthma Attention deficit disorder (ADD/ADHD) Diabetes Epilepsy
 Skin condition Other

You selected one or more options, please provide more details below

Does the participant have an asthma plan? Yes No

If you selected asthma, does the participant have an asthma plan? On arrival, it is vital the participant provides a copy of their asthma plan to Sport and Recreation staff.

Medication

	Time and dosage - please specify exact time of medication (attach details as required)									
	Breakfast		Lunch		Dinner		Before bed		Other	
Name	Time	Dose	Time	Dose	Time	Dose	Time	Dose	Time	Dose
e.g. Bricanyl	8am	2 puffs	12.30pm	2 puffs	6pm	2 puffs	8pm	2 puffs		

Notes 1. Scheduled medication must be provided in the original container (as required by legislation). 2. Staff will collect, supervise and register the taking of all medication for children unaccompanied by their parent/guardian. 3. Participants at risk of anaphylaxis need to provide at least one adrenaline auto injectors (e.g. EpiPens/AnaPens).

Optional participant information

Does the participant identify with any of the following groups?

- Aboriginal or Torres Strait Islander descent Youth at risk Cultural and linguistically diverse background Disability

Is this a Snow Sports program?

- Yes No **Discipline:** Ski Snowboard Snow play **Lesson type:** First timer Previous experience

Media consent

To allow the NSW Government to use any photographs, sound and film recordings taken of me or my child/ward at this program for the promotion of NSW Government services and initiatives to the media and to the general public

- I consent I do NOT consent

Declaration

- I am over 18 years old or the parent or legal guardian. I have read, understood and accepted the relevant privacy statements, risk warning, booking terms and conditions and what is expected of me or my child/ward to participate in this Program.

Privacy Statement

The Office of Sport, Sport and Recreation will collect and store the information you voluntarily provide to enable processing of enrolments for the program. The information will be provided to relevant staff, the school/community group organising the event and to medical professionals where necessary. By providing the Office of Sport, Sport and Recreation with the information you consent to these disclosures. Any information provided by you will be stored on a database that will only be accessed by authorised personnel and is subject to privacy restrictions. The information will only be used for the purpose for which it was collected. Any information provided by you to the Office of Sport, Sport and Recreation can be accessed by you during standard office hours and updated by writing to us or by contacting us on 13 13 02.

- Accept

Risk Warning

I agree for me or my child/ward to attend the Centre/Venue and to undertake all activities and/or to participate in the above program. In the case of an emergency, I authorise the Office of Sport, Sport and Recreation staff, where it is impracticable to communicate with me, to arrange for my child/ward to receive such medical or surgical treatment as may be deemed necessary. I also undertake to pay or reimburse costs which may be incurred for medical attention, ambulance transport and medication while my child/ward is attending the Centre/enrolled in the program. I understand that although the Office of Sport, Sport and Recreation and its service providers attempt to minimise any risk of personal injury within practical boundaries, accidents do happen and all physical activities carry the risk of personal injury. I acknowledge that there is an inherent risk of personal injury in physical activities that will be undertaken at the Centre/as part of the program and I accept that risk.

- Accept

Name Signature Date

Please return this completed form to the person who is organising the booking with Sport and Recreation.

For more information call **13 13 02** or visit **dsr.nsw.gov.au**