

Indemnity Form – Camping & Activities (>18's)

This report is intended to assist YL in the instance of an emergency. All information is held in confidence.

Young Life Area: _____

Personal Information

Name: _____ D.O.B: _____ Gender: _____

Email: _____ Mobile: _____

Church you attend: _____

Next of Kin Name: _____

Your residential address: _____

State: _____ Postcode: _____

Your Email address: _____

Primary Home Phone: _____ Mobile: _____ Work: _____

Working With Children Check Number: _____

Expiry Date: _____

Medical Information

Medicare no: _____

Expiry date: _____ Child position on card: _____

Private Health Insurance Fund & no: _____

Name & Phone Number of Family Doctor: _____

Allergies

*Please note: Young Life Australia does **not** have an epinephrine pen at camp. If you require one to treat an allergy, it is your responsibility to bring one with you.*

Medication: _____

Food: _____

Other: _____

What occurs if contact with allergy occurs (eg. itchy, rash, headache, anaphylaxis): _____

Treatment for allergy: _____

Please note: having a medical or mental health diagnosis or concern does not exclude you from camp. It is helpful however for us to be aware of diagnosis' or concerns to ensure we provide the best possible care for you during your time with us.

Do you have any medical or mental health diagnosis or concerns: _____

Any other conditions or further information we should know about: _____

Medication:

Are you on any medication? Yes No

*If yes, please refer to Young Life Australia's **Medication Procedure for Camping**.*

Other information

Do you have any special **dietary requirements?** (Please tick)

Vegetarian Vegan Celiac disease Lactose intolerant Other: _____

Qualifications

Please notify us of any qualifications that you have (eg. First Aid Certificate, Bronze Medallion):

Consent to medical attention: I, the undersigned confirm my consent to the activities I 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 my best interests and that my next of kin 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 participation in such camp, trip, or excursion.

I have read & agree to the additional document “Young Life Australia Camp Registration Terms & Conditions”

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 yourself to be used.***

Please remove me from the mailing list.

Please do not use any media of me.

If you have any questions, please contact the National Young Life Office.

P: 1300 557 647

E: office@younglife.org.au

W: www.younglife.org.au

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