

## Indemnity Form – Camping & Activities (U18's)

*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.*

Young Life Area: \_\_\_\_\_

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

Participant's Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_ Gender: \_\_\_\_\_

Participant's Email: \_\_\_\_\_ Participant's Mobile: \_\_\_\_\_

School & Year: \_\_\_\_\_

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

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

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

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

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

**Secondary Parent's/Guardian's Name (if other than resident):** \_\_\_\_\_

Secondary residential address: \_\_\_\_\_

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

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

Secondary 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**

*Please note: Young Life Australia does **not** have an epinephrine pen at camp. If your child requires one to treat their allergy, it is your responsibility to provide one for them to come to camp with.*

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 your child from camp. It is helpful however for us to be aware of diagnosis' or concerns to ensure we provide the best possible care for your child during their week with us.*

Does your child have any medical or mental health diagnosis or concerns: \_\_\_\_\_

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

**Medication:**

Is the participant on any medication?  Yes  No

*If yes, please refer to Young Life Australia's **Medication Procedure for Camping** and complete the medication chart as required.*

Young Life will have only the following non-prescription medication during camp: Paracetamol (Panadol), Ibuprofen (Nurofen) and Antihistamines. Should your child ask for either medication, do you give permission for non-prescription medication to be given to your child.

Medication	Yes	No
Paracetamol		
Ibuprofen		
Antihistamines		

**Other information**

Does your child have any special **dietary requirements?** (Please tick)

Vegetarian  Vegan  Celiac disease  Lactose intolerant  Other: \_\_\_\_\_

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

No  Fair Swimmer  Good Swimmer

**Are there any Court Orders** (including child protection orders, juvenile justice involvement, current bail conditions) etc that we should be aware of with regards to attendee? If so, please provide details: \_\_\_\_\_

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**Specific Activities**

Part of attending camp is participating in each of the activities. Please specify if there are any reasons that your child is unable to participate in any of the camp activities:

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**It is expected that your child come to camp with a hat, t-shirt (that covers shoulders) & sunscreen. By ticking the box, you acknowledge that you will ensure your child attends camp with these items.** Should your child attend camp without a hat, t-shirt & sunscreen, Young Life Australia in the first instance will call you and request you provide us with the finances for us to purchase the items for your child and in the second instance will request your child remain in shaded areas, therefore excluding them from some activities.

**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.

**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 your child/guardian to be used.***

**Please remove me from the mailing list.**       **Please do not use media of my child.**

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

P: 1300 557 647    E: [office@younglife.org.au](mailto:office@younglife.org.au)    W: [www.younglife.org.au](http://www.younglife.org.au)    Follow us on Facebook: <https://www.facebook.com/younglifeaustralia/>