

Shire of Coolgardie Youth Night Excursion

FAMILY DETAILS																	
Surname							Parent/Guardian First Name										
Address							Post Code										
Email																	
Telephone (H)							Mobile										
Emergency contact							Telephone				Relationship						
CHILD 1																	
Name				Date of Birth				Age		Gender M / F							
Allergies (if any)							Medical conditions (if any)										
Behavioral issues							Medication (if any)										
Mild			Moderate			Severe			Mild			Moderate			Severe		
Please rate according to information							Please rate according to information										
Is your child up to date with their immunizations?							Yes			No							
Will your child be participating in swimming?							Yes			No 1-2m deep water facility							
Swimming ability			Non swimmer			Weak swimmer			Competent		Strong						
CHILD 2																	
Name				Date of Birth				Age		Gender M / F							
Allergies (if any)							Medical conditions (if any)										
Behavioral issues							Medication (if any)										
Mild			Moderate			Severe			Mild			Moderate			Severe		
Please rate according to information							Please rate according to information										
Is your child up to date with their immunizations?							Yes			No							
Will your child be participating in swimming?							Yes			No 1-2m deep water facility							
Swimming ability			Non swimmer			Weak swimmer			Competent		Strong						
MEDICAL & ALLERGY POLICY																	
<p>Mild – Non- life-threatening reaction/condition, not requiring medication.</p> <p>Moderate – Non- life-threatening reaction/condition requiring medication. Please contact the Manager of Leisure & Recreation Development to discuss the appropriate action required.</p> <p>Severe – Life threatening reaction/condition requiring medication. Please contact the Manager of Leisure & Recreation Development to discuss the appropriate action required PRIOR to enrolling so we can discuss your child's special requirements.</p>																	

TERMS AND CONDITIONS

The Shire of Coolgardie Sports program is managed by the Shire of Coolgardie (Shire). These are the terms and conditions of your agreement with the Shire.

PRIVACY

The Shire of Coolgardie is an organisation that respects and is considerate of the individual's right to privacy. The individual details required on this form will be used for administration purposes related to the facility, service, or excursion for which it is being completed and for communicating information to you from the Shire.

The Shire of Coolgardie Sports program will not make this information available to any third party unless it is necessary as part of the provision of this product service. By signing this form, you are providing the Shire with consent to use your individual details for such purposes.

RELEASE FROM LIABILITY/ INDEMNITY

I acknowledge and agree that during all such times my child/children who I am agreeing to attend the Shire of Coolgardie Sports Program excursion; that both their property and their person shall be at my own risk in every respect and hereby disclaim and release the Shire of Coolgardie and every occupier thereof, all employees, volunteers and invitees to the to the full extent permitted by law whether in contract or in tort, and whether arising out of any negligence by any person or otherwise, and from all liability of any kind, which may arise in respect to any accidents or damage to property or injury to any person on the excursion.

Consent for my child/ren to be photographed for The Shire of Coolgardie Sports program marketing material.

YES ___ NO ___ (Initial)

DECLARATION

I hereby give consent for my child/children (whose name/s appear above) to attend the Shire of Coolgardie Sports program. I understand it is my responsibility to fully and adequately, enquire of and disclose to the Shire of Coolgardie Sports program staff any circumstance which could affect my child's safety or any activities I do not wish my child to participate in. I understand that activities may take place in and around the Kambalda Recreation Facility complex.

I also understand that some activities may involve a risk of personal injury and/or property damage. I accept full responsibility for my child/children's personal belongings and for my child/children's behavior during the program.

In the event of extreme misbehavior and illness I will be contacted and maybe asked to collect my child/children.

I hereby authorise the staff of the Shire of Coolgardie Sports program to organise medical or hospital treatment as they see necessary at my expense. I have read and understand/agree to the above statements.

Parent/Guardian Name: _____

Signature:

Date: