



Participant Information and Agreement Form
To be filled out and returned to Kaelyn by 23rd October

Participants Name: \_\_\_\_\_

Participants Contact Number: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_

Health Information

Participant Allergies (including meds and food): \_\_\_\_\_

Participants Physical Restrictions (if any): \_\_\_\_\_

Medication and Dosage (prescription & over the counter): \_\_\_\_\_

Is the participant competent in swimming 50 metres unaided? Y/N

Participant Code of Conduct

As this Road trip is an event associated with the Catholic Parish of Christchurch North Youth Ministry, this Road Trip will uphold the moral teaching of the Catholic Church. Below are the rules and participants are expected to follow these at all times.

You are required to:

- Obey all instructions given by the Leaders in charge
-Inform leaders in charge of any health or attendance problems as soon as possible
-Respect and care for all equipment
-Respect others and their property -verbal, physical abuse or stealing will not be tolerated
-For the enjoyment and safety of all this is a drug and alcohol free Road Trip. Please be warned that a participant caught with either will be removed from the Road Trip, at the Parent/Caregivers own expense.
-The Parish will not be held responsible for loss of valuables so please do not bring valuables that you don't intend carrying with you.

Parent/Caregiver

I have discussed this Code of Conduct with \_\_\_\_\_ and we agree that they will abide by these codes of conduct. In the event that he/she doesn't, I agree to meet the costs of he/she having to go home early. Signature \_\_\_\_\_

Participant

I have read and will abide by the above Code of Conduct. Signature: \_\_\_\_\_



### Disclosure of Consent (to be completed by Parent/Guardian)

I give permission for \_\_\_\_\_ (Participant) to attend the North Parish Youth Group Road Trip, and understand the nature of the activities during the program may include but not be limited to outdoor and indoor group activities, hiking, sports & challenge games, communal eating, socialising, travelling in motor vehicles, and although due care will be taken to minimise accident risks may arise during these activities.

I agree to collect my child from any destination should they become unwell and deemed unable to carry on with the Road Trip. This decision will be made at the discretion of the Youth Coordinator and at my own expense.

I agree that if prescribed medication needs to be administered, a designated adult will be assigned to do this. I will ensure that prescribed medication is clearly labelled, securely fastened and handed to the designated adult with instructions on its administration.

I will inform Kaelyn Graham as soon as possible of any changes in the medical or other circumstances between now and the commencement of the Road Trip.

I agree to my child receiving any emergency medical, dental, or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.

Any medical costs not covered by ACC or a community service card will be paid by me.

If my child is involved in a serious disciplinary problem, including the use of illegal substances and/or alcohol, or actions that threaten the safety of others, he/she will need to be collected at my own expense.

I agree to my child taking part in the North Parish Youth Group Road Trip and have read the schedule for the event. I agree to their participation in the activities described. I acknowledge the need for them to behave responsibly.

I know that I am able to ask questions of Kaelyn about the activities my child will be involved in, to gain a better understanding of the risks involved. I recognise that participation in such activities is voluntary and not mandatory. My child and I both understand that they may withdraw from an activity if they feel at risk. This is to be done with the leaders in charge.

I understand that Catholic Parish of Christchurch North does not accept responsibility for loss or damage to personal property and this is my responsibility to check my own insurance policy.

To be signed by Parent/Caregiver of Participant

**I give permission for \_\_\_\_\_ to take part in the North Parish Road Trip detailed above.**

**Name \_\_\_\_\_ Signed \_\_\_\_\_**

**Relationship to Participant \_\_\_\_\_ Date \_\_\_\_\_**