



## South Coast Summer Camp 2019 Youth Rego Form

Thinking of coming to summer camp? Yaaaay! We would LOVE to have you! Get this rego form to your youth pastor or email a copy to [youthcamp@shellharbourcc.org.au](mailto:youthcamp@shellharbourcc.org.au).

**Date:** February 8-10<sup>th</sup> 2019

**Location:** Youthworks Waterslea, 439 Koloona Dr, Waterslea, NSW

**Rego Cost:** Standard: \$160 Late (After 25th of January 2019): \$180 *Payments to be made via direct deposit*

Account Name: Shellharbour City COC BSB 704-024 Account Number 10000839 Description: AWAKEN + "full name"

For more information, grab a flyer or check out our web page at <http://shellharbourcc.org.au/> Also, follow us on insta at *tym\_south\_coast* where you can find updates on all things camp!

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### Youth Details

**Full Name** \_\_\_\_\_ **Birthdate** \_\_\_\_\_ **Mobile Number** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **Postcode** \_\_\_\_\_

**Medicare Number** \_\_\_\_\_ **Youth Group** \_\_\_\_\_

### Emergency Contact Details

Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_ Email: \_\_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_ Email: \_\_\_\_\_

**Medical Conditions** Please list any medical conditions or medications we need to be aware of in order to care for your child: \_\_\_\_\_

**Dietary Info** Please list any food allergies we need to be aware of: \_\_\_\_\_

### Parent Permission and Release

I give permission for my child to swim in the designated area. **(Please circle) Yes/No**

I give permission for my child to participate in boating activities and agree to the release of liability form. (See back of page for details). **(Please circle) All boating activities including tubing/Riding in the boat ONLY/No boating activities**

I give permission for Camp Volunteers to obtain emergency medical or ambulance service at any time they consider necessary for my child/ren. This includes the authority to administer Panadol. I understand that every effort will be made for myself to be notified before instituting such procedures. I acknowledge that I will be liable for any medical/hospital/ambulance expenses incurred in the treatment for my child. I also understand that while every precaution will be taken to ensure the protection of my child, TYM Staff and Camp Volunteers are released from any and all liability in the event of any accident or misfortune, damage or loss that may occur to the child and their property. I give permission for photos and footage of my child to be used for future promotional material.

Name \_\_\_\_\_ Signed \_\_\_\_\_ Date \_\_\_\_\_

(parent / guardian of under 18year old)

**NOTE: INC South Coast Summer Camp is a drug and alcohol-free event and parents will be contacted and asked to pick up their child if they are found with these substances.**

## **Boating Information and Liability Release Form**

Tubing and boat rides were a popular activity last year and we will be offering them again at camp this year! Youth will be provided with life jackets during this activity and the adults running this activity are experienced in taking people tubing or for rides in their boat. We will only allow one tube/knee board to be towed behind a boat a time, and no more than 3 people on a tube at a time. Youth will be able to request that the boats go slower if they are feeling uncomfortable and they will be able to let go of the tube and safely end the ride at any time. They will also be able to simply ride in the boat if they would prefer not to go tubing behind the boat.

### **Release of Liability Agreement**

I understand the nature of this activity and I allow my named child/ren to attend and participate in the above-named activities.

I acknowledge that the activities being described above can be hazardous and that if my child participates they choose to do so at their own risk.

I understand that the conference organisers will take reasonable steps to provide a safe environment for the activity, by providing life jackets, ensuring the activity is run by suitably qualified adults, and that equipment involved is at an adequate safety standard.

I acknowledge that the conference organisers will not be liable for any injury that may be a result of participation in the above-named activities.

I hereby agree to indemnify the church against any or all claims arising from, or in connection with, any injury that may be suffered by my youth, or that my youth causes to another person, as well as any loss or damage to property either directly or indirectly out of or in connection with the above-named activity/ies.

I agree that the youth leaders may authorise on my and or my child's behalf whatever medical treatment he/she may require (This includes but is not limited to ambulance attendance and hospital treatment). I agree to cover the cost of an ambulance or any other medical aid associated with this.

*If you agree to this release of liability, please indicate accordingly on your child's rego form.*