

Participant/ Supervisor Information

Name of Group

Dates of Camp

PERSONAL DETAILS

First Name

Surname Name

Address

Phone:

PARENT/CAREGIVERS/NEXT OF KIN

Name

Address

HEALTH INFORMATION

The following information is requested in order to safely manage participants.

Doctor's Name:

Town:

Phone:

Do you have any particular dietary needs? NO YES

Do you require any regular medication? NO YES

Are you confident in water? NO YES

Are you allergic to any medication, food, insects etc.
 NO YES

Do you have a severe fear of heights NO YES

Is your tetanus inoculation current? NO YES

Do you have, or have you had any illnesses such as
diabetes, epilepsy, asthma etc?
 NO YES

Have you had any contact with contagious diseases
(e.g. hepatitis, HIV) that we should be aware of?

NO YES

If you ticked Yes to any of the above questions please provide further information below to help us preserve you or your child's physical/emotional safety (e.g. Cultural Practices, conditions, special diets, allergies, medication, behaviour or emotional issues)

Participant/ Supervisor Information

PARTICIPATION AGREEMENT

YMCA Camp Adair operates in accordance with the broader YMCA rules and guidelines. YMCA Camp Adair adheres to the core values of the YMCA - Caring, Respect, Honesty and Responsibility. Further, YMCA Camp Adair operates according to its Safety Management system.

RISK ACKNOWLEDGMENT

I understand there are risks involved in the activities my child/I will be undertaking. I also understand that an unpredictable or uncontrollable event may occur that could possibly cause me serious harm or death. I'm aware of the importance of my child/my voluntary participation and the consequences should they/I ignore the YMCA Instructor's directions. I acknowledge that the organisation is responsible for all risk management for every person on site and will take all reasonable and practicable steps to keep my child/I safe while they/I am involved in these activities. However, I accept full responsibility for my child/my own actions or inaction.

ADVENTURE ACTIVITIES

I understand that I / my child will be participating in all or some of the following Adventure Activities: High Ropes, Abseiling, Zip Line, Climbing wall, Kakaying, Archery, Target shooting, Confidence course, River Traverse. Hiking. I have been fully informed on each activity and accept the risks.

GEAR MANAGEMENT

During the period of the programme you may be issued with and be using various forms of equipment. Whilst under your care or use, you will be totally responsible for its condition. This means that should you break or damage any equipment, by any means other than an accident or by normal wear and tear, you will be required to pay for it. We are sure that during the normal running of the programme and with a sensible attitude no problems of this nature will arise.

NO ALCOHOL AND DRUGS

You will not be allowed to participate whilst under the influence of drugs or alcohol.

PHOTOS

I give permission for photos to be taken, for the purpose of promoting Camp Adair at the discretion of the YMCA

YES

NO

DECLARATION

I have read, and understood, and agree to the above. I also agree to follow all rules and other guidelines set out to me, and agree to the YMCA core values of Caring, Respect, Honesty, Responsibility, and agree to listen to all staff and supervisors at all times. I acknowledge that if I cannot follow these, and I am not prepared to remedy the problem I will be expected to leave the programme.

Participant Name:

Signed:

Name (caregiver /parent):

Signed:

Date: