

PARENT/GUARDIAN

PERMISSION NOTE

GBC YOUTH

I, _____

the parent/guardian of _____

age _____ years, do hereby grant permission for my child to attend the GBC YOUTH camp at the Kaloona Conference Centre, Shoalhaven on the weekend of 5 March 2020 to 7 March 2021.

I understand that all activities will be fully supervised and Child Safety Protocol will be adhered to. In the case of an emergency, I give consent for my child to receive medical care if I or my alternative emergency contact cannot be reached.

EMERGENCY CONTACTS

In case of an emergency, I can be contacted at the following phone numbers:

Mobile: _____ Home: _____

If for whatever reason I cannot be contacted, the alternative emergency contact person is:

Name: _____

Relationship to young person: _____

Mobile: _____ Home: _____

(please tick)

- ☐ I authorise the leadership of GBC YOUTH to arrange for my child to receive first aid and medical treatment, as a trained first aid person may deem necessary.
- ☐ I authorise the use of calling an ambulance if it is judged to be necessary.
- ☐ I accept responsibility for payment of all expenses associated with such treatment.

MEDICAL INFORMATION

Are there any medical concerns that the leadership team of GBC YOUTH should be aware of?

Yes / No.

If Yes, please list any medical conditions:

Do you give permission for the leadership of GBC YOUTH to provide my child with Panadol/Neurofen should the need arise during their time away? Yes/ No

SWIMMING CAPACITY

Do you give permission for your child to swim at a public beach during their time away on the GBC YOUTH Camp? Yes/ No

What is your child's capacity to swim independently?

- ☐ My child is a strong and confident swimmer.
- ☐ My child has adequate swimming capabilities.
- ☐ My child is not a confident swimmer and requires close supervision.
- ☐ I do not give permission for my child to swim.

DIETARY REQUIREMENTS:

Is your child on a restricted diet? Yes / No

If Yes, please indicate:

LIABILITY RELEASE

I acknowledge that camp activities can be hazardous and that my child/children participate at their own risk. I understand that the leaders of GBC YOUTH will take reasonable steps to provide a safe environment for my child/children and to ensure all equipment supplied by them for any activities is of a reasonable standard.

I acknowledge that leaders of GBC YOUTH and GyMEA Baptist Church, both staff and volunteers will; not be liable for any injury that may be suffered by my child/children, which arises either directly or indirectly from, or in connection with, the GBC YOUTH Camp.

I hereby agree to indemnify GyMEA Baptist Church and GBC YOUTH against any and all claims arising from, or in connection with, any injury that may be suffered by my child/children, or that my child/children may cause another person, as well as any loss or damage to property, equipment or personal effects belonging to my child/children, or any other person, arising either directly or indirectly out of or in connection with the GBC YOUTH Camp.

PHOTOGRAPHY/VIDEO AGREEMENT

As part of attendance to the GBC YOUTH Camp, I give permission for my child/children to have their photo/video taken and stored by GyMEA Baptist Church (in accordance with the Privacy Act of NSW). Video and photographs will be taken to record youth events and may be used to promote GBC YOUTH, in both digital and print formats. You may withdraw this permission at any time by writing a letter to GyMEA Baptist Church, 2-10 Tea Gardens Ave, Kirrawee 2232.

Thank you for providing this information which will be kept confidential and only shared with those who need to know. The safety and wellbeing of your child is our primary concern.

Signature of parent/guardian: _____

Name: _____ Date: _____