Camp Wedgetail – Ages 10 to 15
Boys Summer Adventure Camp 2019

Under 18s

INDEMNITY FORM

I/We, (Father).....(Mother)..... hereby give

permission for my / our child, (name) ..... to attend all activities and meetings conducted by Adventure Kids Australia. In consideration of my child attending such activities or meetings, I hereby agree as follows:

1. My/our child will be in the charge of the Leaders of the Adventure Kids Australia and such delegates or agents as they may in their absolute discretion appoint or nominate. All such leaders, delegates or agents, shall have no responsibility whatsoever for any accident, illness or injury, howsoever caused or howsoever and wheresoever arising, sustained or suffered or otherwise affecting my/our child during any activity or meeting, including travelling to and from any activity or meeting.

2. I agree to indemnify and keep indemnified Adventure Kids Australia and their respective leaders, employees and agents from and against all actions, suits, claims, demands, expenses and liability whatsoever in respect of my/our child's participation or non-participation in these activities or meetings in respect to any first aid treatment given to my/our child.

3. In the event of accident, illness or injury sustained, suffered or otherwise affecting my/our child in any way whatsoever, I authorise the Leaders or their delegates or agents, as my/our agents, to obtain any necessary medical assistance or treatment or carry out any first aid treatment that they in their absolute discretion consider necessary, proper or desirable and for the purpose to engage any medical practitioner, ambulance or medical officer, nursing assistance or first aid treatment or hospital accommodation, and in this event I agree to pay all such fees and expenses thereby incurred, such fees and expenses to be paid to Adventure Kids Australia on demand.

4. I am aware of the general nature of activities in which my/our child will be involved.

DATED the day of 20 .

Signature of parent / guardian: .....

Home Address: .....

..... P/code: .....

Phone: (H): ..... MUM: (W): ..... (M): .....

DAD: (W): ..... (M): .....

Parent E-mail Address: ……..……

In consideration of being permitted to attend all such activities and meetings, I (name of child)

..... hereby adopt and agree to be bound by the above conditions, authorities, indemnities and rules of AKA.

DATED the day of 20 .

Child's date of birth: ..... / ..... / .....

Signature of child: .....

HEALTH STATEMENT

Name of child: .....

A.1 Ambulance Cover Ref. No.: .....

A.2 Medicare Ref. No.: .....

All information will be treated as Strictly Confidential.

A.3 If Covered Privately, with .....
For additional Medical YES / NO Hospital YES / NO

If the participant suffers from any chronic recurrent ailment, allergy or physical defect, it should be disclosed in order that provision can be made for their welfare.

B.	Does the applicant suffer from any physical disabilities?	YES / NO	If yes, details .....
C.	Does the applicant suffer from -		(Space for further explanation,
	1. Diabetes? Severe / Mild	YES / NO	if required .....
	2. Asthma? Severe / Mild	YES / NO	.....
	3. Epilepsy? Severe / Mild	YES / NO	.....
D.	Does the applicant have any known allergies, including drug or food allergies?	YES / NO	If yes, details of severity /
	ie. Penicillin		treatment .....
	Egg		.....
	Bee Sting		.....
	Hay Fever		.....
	Other Drug Allergy:		.....
	Other Food Allergy:		.....
E.	Will the applicant have any medication at the activity?	YES / NO	Name of drug: .....
	ie. By injection/tablet/capsule		Dosage: .....
	Penicillin		Reason: .....
	Insulin		How often administered: .....
	Other drugs:		Administered by whom: .....
F.	Has the applicant any special dietary requirements (for Medical, Religious or other reasons)?	YES / NO	If yes, details: ....
G.	Does applicant suffer from travel sickness?	YES / NO	If yes, details: ....
H.	Give details of last tetanus shots.	DATES	Injection: ...../...../..... Booster: ...../...../.....
I.	Is this the first time your child has been involved in this type of activity / excursion ?	YES / NO	

EMERGENCY CONTACTS

Give details of where you can be reached during the period of activities/excursions and also the names and phone numbers of other persons if you are unavailable.

Name: ..... PH: (H) ..... (W) ..... (M) .....

Name: ..... PH: (H) ..... (W) ..... (M) .....

Name: ..... PH: (H) ..... (W) ..... (M) .....

Parent/Guardian: ..... Signature