

YWCA Canberra Youth Programs Spring School Holiday Program Excursion Permission Forms

YWCA Canberra Youth Programs is providing a free school holiday program to young people aged 10 – 25 years old. This is an ACT Government funded program to service vulnerable young people in the community. As such, participants will be triaged base on a needs assessment which will be governed by best practice policy.

If your child is not yet a member of the Clubhouse, please complete the attached YWCA Canberra Clubhouse Membership form.

Transportation for all excursions will be with the Snow Foundation Community Bus and will be leaving from both:

- **YWCA Canberra Mura Lanyon Youth and Community Centre**, 22 Sidney Nolan Street, Conder, and
- **YWCA Canberra Clubhouse**, May Gibbs Close, Richardson (Community room, Richardson Primary School).

Please arrive at **either location** at the set times below.

Please see below for the available excursions:

- Monday 30th Sept | **The Bank Indoor Skate park** | 1.00pm-5.00pm
- Tuesday 8th Oct | **Ten Pin Bowling – Tuggeranong** | 1.00pm-5.00pm
- Wednesday 9th Oct | **Floriade – Photography** | 1.00pm-5.00pm
- Thursday 10th Oct | **iPlay – Belconnen** | 1.00pm-5.00pm
- Friday 11th Oct | **Movies – Tuggeranong** | 1.00pm-5.00pm

What to bring:

- Water bottle
- Jacket, gloves, beanie
- Enclosed shoes
- Backpack

What not to bring:

- Any valuables or anything you don't want to lose (YWCA Canberra holds no responsibility for the loss of any possessions)
- No alcohol, drugs or dangerous belongings.

Staff Details:

- **Youth Programs Team Leader** (Driver/First Aider): Ciára Duggan 0450 962 868
- **Clubhouse Coordinator** (First Aider): Annie-Lea Rowley 0406 375 993
- **Youth Engagement Officer** (Driver/First Aider): Tim Clement 0417 431 447
- **Youth Engagement Officer** (First Aider): Belinda Quinn 0420 424 525
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Excursion Permission Form

Please **complete the following pages and return:**

- YWCA Youth Engagement Officer, tim.clement@ywca-canberra.org.au
- Mura Lanyon Youth and Community Centre, 22 Sidney Nolan St, Condor
- YWCA Canberra Clubhouse, May Gibbs Close, Richardson (Community room, Richardson Primary School).

Tick/initial the one/s you would like to attend. Please note, prompt return of the permission note does not immediately qualify a position on excursion/s. Participants will be triaged based on individual needs and other determining factors. For logistical reasons please indicate the best pick up point for your child.

Monday 7th Oct | **The Bank Indoor Skate park**
Initials: _____ Date: _____

Pick up: (please circle): Clubhouse / MLYCC
Put on waitlist: Yes No

* Please also complete [The Bank Participant Wavier](#)

Tuesday Oct 8th Oct | **Ten Pin Bowling – Tuggeranong**
Initials: _____ Date: _____

Pick up: (please circle): Clubhouse / MLYCC
Put on waitlist: Yes No

Wed Oct 9th | **Floriade – Photography**
Initials: _____ Date: _____

Pick up: (please circle): Clubhouse / MLYCC
Put on waitlist: Yes No

Thursday Oct 10th | **iPlay - Belconnen**
Initials: _____ Date: _____

Pick up: (please circle): Clubhouse / MLYCC
Put on waitlist: Yes No

Friday Oct 11th | **Limelight Cinemas**
Initials: _____ Date: _____

Pick up: (please circle): Clubhouse / MLYCC
Put on waitlist: Yes No

Young person's details:

Full name: _____

Mobile number (if they have one):

Date of birth:

Gender:

- Male Female X NS

Preferred pronoun:

Emergency contact details:

Parent/Guardian's full name: _____

Contact numbers:
(H): _____ (M): _____

Email: _____

Secondary emergency contact's full name:

Relationship (i.e. dad, aunt, family friend etc)

Contact numbers:
(H): _____ (M): _____

Does the young person identify as:

- Aboriginal
- Torres Strait Islander
- Culturally and Linguistically Diverse
- Low Income/Health Care Card
- LGBTQI+

- Having a disability (if yes, please specify)

- Allergies (if yes, please specify)

- Medical conditions (if yes, please specify)

Do they have an allergy and/or medication action plan? Y/N

Please outline any information required in relation to this in the space provided below:

Are there any cultural/religious/dietary/medical/gender/**other** requirements that YWCA Canberra need to know?

Has the young person attended our School Holiday Program in the past? Y / N

If **yes**, please specify below:

- In the past 3 months
- In the past 6 months
- Within the last 2 years
- Within the last 3 years

In the last 12 months

Within the last 5 years

Office Use ONLY	
Date returned: _____	Referral: Y/N
Program: (<i>i.e. Clubhouse, Youth Engagement, School</i>) _____	Name: _____
Triage process explained: Y/N	Organisation name: _____
Communication process explained: Y/N	Further information: _____ _____ _____
Request to be waitlisted: Y/N	
Support/s required: Y/N	<input type="checkbox"/> Data entry completed



Excursion Permission Form

I understand that although staff will take every reasonable precaution to ensure the safety of participants, all physical activities in this program carry the risk of personal injury. I acknowledge that there are inherent risks of personal injury involved in YWCA Canberra activities, and I agree that I/my child participates in activities at my own/ their own risk.

I give YWCA Canberra staff permission to administer first aid to me/my child in the event of an emergency. I agree that in case of emergency, and emergency contacts cannot be reached, I give permission for medical and transport arrangements to be made on my/my child's behalf and I will incur the cost of transportation to a hospital/emergency service and for any associated costs.

I agree that always I will act in a responsible manner, and should I fail to meet expected standards of behaviour, I/my child may be required to cease the activity and/or be required to leave the activity (at my own expense if transport is required).

I acknowledge that should I/my child choose to leave the program for any reason, then YWCA Canberra staff will not be held responsible, but will inform one of the persons listed above (if the young person is under 18 years of age).

At all times, I acknowledge my/my child's responsibility in practicing sun-smart practices.

I have read the above information and I give permission for my child/dependant, (child's full name) _____, to attend the YWCA Canberra Youth Programs Spring 2019 School Holiday Program excursions.

Participant Signature:

Date:

Parent/Guardian Signature (*If participant under 18 years of age*):

Date:



Photography Permission Note

I _____ (participant's name) provide consent for YWCA Canberra to record my image (photograph or video footage) for promotional purposes. I understand my image may be used in mediums including; publications and promotional material, and broadcast, print and electronic/social media.

I acknowledge that my image will be used without any personal compensation or remuneration. I agree to forgo any rights to my image including moral rights and copyright.

YWCA Canberra agrees not to use your image in a manner that may be deemed adverse or defamatory. The image will remain the property of YWCA Canberra and any personal details regarding this image will be kept confidentially and will not be used for any purpose other than related to your image.

You should understand that any image which is published online can be copied and redistributed without the knowledge of the person that uploaded it. Once published, we may not be able to retrieve or delete images if consent is withdrawn after publishing.

I agree my images can:

- be used to promote YWCA Canberra Youth Programs Only
- be used for ongoing future use (general ongoing use related to the role and function of YWCA Canberra, including external agencies)
- include my name with the image

You can withdraw your consent at any time by contacting YWCA Canberra

Participant's signature:

Date:

Parent/Guardian signature:

Date:

PARTICIPANT WAIVER (Under 18yrs)

This form MUST be completed, signed and processed by The Bank Indoor Skate Park (The Bank) to enable you to ride within this facility. If you are under 18 years of age a parent or legal guardian MUST also sign this form. By entering The Bank, you accept The Bank's rules, terms and conditions including the wearing of a helmet and any other required safety gear. Please complete your personal details and ensure the form is properly signed.

RIDERS DETAILS

First name _____ Surname _____ Address _____
Suburb _____ State _____ Postcode _____ Email _____
Phone No: H: _____ M: _____ Date of Birth: _____ Age Male / Female _____
Tick your preferred sport: Skateboarding Scooter BMX Inline other _____ have you ridden ramps before? Yes / No

DECLARATION, WIAVER RELEASE AND INDEMNITY DEED

All persons must complete this document prior to participation.

The activities described include adventurous recreational activities and are not without inherent risk. The Bank thanks you for reading this document carefully.

TO: The Bank Indoor Skate Park, its traders, partners, employees, agents and independent contractors: I confirm the following is true and correct and that The Bank has relied on my answers in allowing me to participate in recreational activities of and incidental to things including skateboarding and inline skating ("the activities"). In consideration of The Bank permitting me to participate in the activities.

Name and Likeness Release

I hereby grant permission to the event organisers, their successors and sponsors to use my name, image and likeness in direct connection with the activities for promotional broadcasting or reporting purposes in any and all manner and media, unless restricted by Privacy Legislation.

Express Voluntary Acknowledgment of Inherent Risk

I understand that I, and each participant in the activities, will be engaging in activities involving a real risk of serious injury or even death from various causes including but not limited to equipment failure, accidents with other participants, spectators, course or weather conditions or other causes.

I understand that I, and each participant in the activities, will be engaging in activities involving a real risk of damage to property including property belonging to The Bank, my own property and property belonging to a third party. I voluntarily accept all risks necessarily flowing from my participation, which could result in loss of life or injury and damage to property.

Liability Release and Indemnity

I hereby release The Bank and all persons or corporations associated directly or indirectly with the conduct of activities from all claims, demands and proceedings arising out of my participation and hereby indemnify them against all liability (including liability for their negligence and the negligence of others) for all injury, loss or damage arising out of or connected with my participation in the activities. This release shall extend to and include The Bank and the promotion organiser, partners, managers, officers, agents, contractors, any club, organisation and volunteers including medical and paramedical personnel appointed for the activities. The owners, licensees and occupiers of the land on which the activities or any part of it are conducted or which is involved directly or indirectly with the activities in any manner whatsoever and promoters, sponsors and activities organisers. This release and indemnity continues forever and binds my heirs, executors, personal representatives and assigns.

Equipment and Facilities Inspection

I agree that before I participate in the activities, I will independently inspect the related facilities and equipment. I will immediately advise The Bank of any unsafe condition that I have observed. I will refuse to participate in the activities until all unsafe conditions observed by me have been remedied. I acknowledge that reasonable safety precautions are undertaken by The Bank (such as supervision, helmet safety checks), but such are a service to me and other participants and not a surety of safety.

Protective Equipment

As an activities participant I hereby agree to supply and wear my own suitable helmet, sandshoes or runners plus a t-shirt and shorts as the minimum protective equipment requirements at all times whilst I am taking part in the activities.

Physical Fitness

I have independently assessed the activities and I am physically fit to participate in the activities in which I have chosen to participate and have not been advised otherwise by a medical practitioner. I do not have any possibly relevant pre-existing medical or physical conditions, which have not been disclosed to The Bank and the activities organisers.

Medical Treatment

I consent to receiving any medical, eg first aid, treatment that The Bank considers reasonably necessary during or after the activities.

Drugs and Alcohol

The consumption of alcohol and illicit drugs is strictly prohibited at The Bank. I acknowledge that if I am found consuming to be consuming alcohol, or to be affected by illicit drugs then I will not be able to participate in the activities.

Personal Property

I hereby acknowledge that I have the sole responsibility for my personal property during the activities. I acknowledge that I am responsible for wearing appropriate skating gear including a helmet.

Video Recorders

I acknowledge that video recorders (GoPro, Sony, etc) are permitted, but must be securely mounted to a helmet. Legal Waiver I acknowledge the terms and conditions of this document are contractual in nature, are intended to have legal effect and are not a mere warning or recital. The Bank is not responsible for my decision to participate in the activities and I was not induced by The Bank to do so. I acknowledge my registration is not transferrable to any other person. I have read this document, understand its contents and complete it of my own free will.

PARENT OR GAURDIAN GAURANTEE

PARENT/GUARDIAN DETAILS

If the person executing the forgoing is a legal infant or minor (under 18 years of age), the following section MUST be completed: I am the parent or legal guardian of the legal infant or minor who is named above. I hereby covenant and warrant my answers provided are true and correct and hereby agree that we shall both be bound by this document.

First name _____ Surname _____ Date of birth _____
Relationship to rider _____
Signature _____ Date: // 20 _____ Parent Guardian
Emergency Contact 1 Name: _____ Relationship: _____ Phone: _____
Emergency Contact 2 Name: _____ Relationship: _____ Phone: _____

The Bank Indoor Skate Park
ABN: 53 036 854 668
3/86 Townsville St, Fyshwick ACT 2609
Mobile: 0432 034 199
Email: rolling@thebankindoorskatepark.com.au
Website: www.thebankindoorskatepark.com.au

