

Participant Information Form

(LINX School Holiday Program – January 2010)

The purpose of this form is to provide a written source of information about individuals who are participating in activities provided by LINX-Wynnum Youth Space and BABI Youth and Family Service. It is essential that this form is completed fully and all relevant information is supplied. This document will be required in the event of an emergency and will also assist staff to understand any special needs that the participant may have.



This information is **confidential** and access is restricted to program staff, except in cases where harm or loss is likely to occur without disclosure of this information.

Tick for for your chosen activity/ies.

Thursday 7 th Jan	The Plantation!	10.00am - 3.00pm	<input type="checkbox"/> Free
Thursday 7 th Jan	Karaoke @ LINX!	3.30pm - 5.30pm	<input type="checkbox"/> Free
Monday 11 th Jan	Ice Skating	10.30am - 2.00pm	<input type="checkbox"/> Free
Wednesday 13 th Jan	Manly Pool- Splish Splash	10.00am - 2.30pm	<input type="checkbox"/> Free
Wednesday 13 th Jan	Movies and Snacks at LINX!	3.00pm - 5.30pm	<input type="checkbox"/> Free
Thursday 14 th Jan	Ten Pin Bowling	10.30am - 2.00pm	<input type="checkbox"/> Free
Thursday 14 th Jan	Cook up a Storm!	2.30pm - 5.00pm	<input type="checkbox"/> Free
Monday 18 th Jan	Picnic at Wello Point!	10.00am - 3.30pm	<input type="checkbox"/> Free
Wednesday 20 th Jan	Laser Force!	10.00am - 2.00pm	<input type="checkbox"/> Free
Wednesday 20 th Jan	Games and Trivia!	2.30pm - 4.30pm	<input type="checkbox"/> Free
Thursday 21 st Jan	Movies	10.00am - 2.00pm	<input type="checkbox"/> Free

PARTICIPANT DETAILS

Participant Name _____ Preferred Name: _____

School / Occupation _____

Gender (please tick) Male Female Date of Birth ____ / ____ / _____ Age _____

Address _____

_____ Postcode _____

Daytime Telephone _____ After Hours Telephone _____

Email _____ Mob _____

PARENT/LEGAL GUARDIAN CONTACT DETAILS (if under 18)

Name _____ Relationship _____

Address _____

Daytime Phone _____ After Hours Phone _____

EMERGENCY CONTACT DETAILS

Name _____ Relationship _____

Address _____

Home Phone _____ Work Phone _____ Mob _____

ANY SPECIAL DIETARY REQUIREMENTS

SWIMMING ABILITY (please tick)

Unknown Unable to swim Poor swimmer Can swim 50 metres Can swim over 50 metres

Please Turn Over

HEALTH AND MEDICAL INFORMATION

The more information that is supplied here, the better we are able to meet the needs of the participant. **We aim to make activities inclusive, not exclusive, while maintaining safety.** If the space provided is inadequate for a complete description, or there is any other medical condition we should be aware of that is not covered here, please provide details on a separate sheet of paper and attach it to this form.

Does the participant have (or ever had) any of the following conditions? (please tick)

- | | | |
|---|---|--|
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Intellectual Disability |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Heart Disorder | <input type="checkbox"/> Physical/Sensory Disability |
| <input type="checkbox"/> Back Problems | <input type="checkbox"/> Joint Damage | <input type="checkbox"/> Learning Difficulty |
| <input type="checkbox"/> Blood Disorder | <input type="checkbox"/> Muscle Damage | <input type="checkbox"/> Mental Illness |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Phobias | <input type="checkbox"/> Self Harmed |
| <input type="checkbox"/> Drug Reactions | <input type="checkbox"/> Respiratory Problems | <input type="checkbox"/> Other Recent Illness |

If you answered yes to any of the above, please supply full and complete details.

Has the participant had a Tetanus Booster? (please tick) Yes No Year of Last Booster _____

This section is **optional** and is only used by program staff for statistical purposes and may be included in reports to our funding bodies.

Do you identify as Aboriginal or Torres Strait Islander?

- No
 Yes, Aboriginal
 Yes, Torres Strait Islander
 Yes, both Aboriginal and Torres Strait Islander

In which country were you born?

- Australia Other _____

Do you speak a language other than English at home?

- Yes No
If yes, what language? _____

**TO BE READ AND SIGNED BY THE PARTICIPANT
ALSO TO BE READ AND SIGNED BY PARENT/GUARDIAN IF PARTICIPANT IS UNDER 18 YEARS**

I/we hereby certify that all details I have provided on this form are true and correct. I understand and agree that:

- activities are 100% drug and alcohol free.
- safety is the highest priority and that behaviour which compromises safety is unacceptable.
- failure to follow instructions may result in exclusion from activities and being sent home at my expense and that no refund will be provided.

I/we the undersigned being the participant/parent/legal guardian of the above-named participant, acknowledge that all activities entered into by myself/my son/my daughter/my ward contain an element of risk and I/my son/my daughter/my ward must take reasonable care whilst participating in activities.

I/we understand that activities may include running, jumping, water, climbing, ascending/descending ropes, use of specialised adventure equipment and may take place in a rural, remote or natural environment.

I have read and understood the participant equipment list and will ensure that myself/my son/my daughter/my ward attends with all items required.

I/we further authorise BABI to obtain all necessary medical treatment which may be required by me/my son/my daughter/my ward including any anaesthetic or surgical attention which may be prescribed by an appropriately qualified medical practitioner. I/we acknowledge that the costs of any such treatment, including evacuation and transport, shall be my/the participant's responsibility solely.

I/we authorise BABI to use photos/images of myself/my son/my daughter/my ward in any media release, website or promotional materials.

Participant

(always required)

_____ / _____ / _____
Print Name

_____ / _____ / _____
Signature

_____ / _____ / _____
Date

Parent or Legal Guardian

(if participant under 18)

_____ / _____ / _____
Print Name

_____ / _____ / _____
Signature

_____ / _____ / _____
Date

IF YOU REQUIRE ADDITIONAL INFORMATION, PLEASE CONTACT BABI ON 3393 4176