
Diocesan Youth Ministries' Office
Participant Registration Form (18 years +)
For
Regional Youth Gathering Bundaberg "Going Up"

PARTICIPANT CONTACT DETAILS (Please ensure that all details are clear and legible)

Participant's Full Name:

Participant's Address:

Participant's Email:

Date of Birth:

EMERGENCY CONTACT DETAIL

Full Name:

Home Phone:

Work Phone:

Mobile Phone:

AUTHORISATIONS & INDEMNITY

I _____ of (insert address) _____
consent to participating in the Regional Youth Gathering activity.

I understand:

- the risks involved with participating in this activity and with that understanding, I freely assume those risks;
- in the event that I suffer an illness or injury, all reasonable efforts will be made by the activity supervisor to contact the emergency contact person listed; and
- if I required further details about the program before signing this form I may have contacted Bethany Lentern on 07 4931 3628.

In the event I suffer an illness or injury, I authorise an activity supervisor to arrange medical treatment they consider appropriate in the circumstances and consent to representatives of The Roman Catholic Trust Corporation for the Diocese of Rockhampton administering medical assistance to myself (including, without limitation, administering first aid, taking life saving measures or providing transport to medical services). I agree that I am responsible for the costs of any assistance or treatment provided to the Participant.

I agree to release and indemnify The Roman Catholic Trust for the Diocese of Rockhampton, its employees, volunteers, agents, officers and contractors against all actions, demands, losses, injuries, damages, suits, judgements, injunctions, orders, decrees, costs and expenses of every description (including without limitation consequential losses and damages) ("Claims") arising from or incurred in connection with:

- (a) any Claims against The Roman Catholic Trust for the Diocese of Rockhampton by any third parties;
- (b) any loss or theft of or injury or damage to any property, real or personal; or
- (c) personal injury to or death of any person (including any employee, volunteer, agent, officer or contractor of The Roman Catholic Trust for the Diocese of Rockhampton);

arising out of or in any way connected with my participation in the activity.

I have read the Participant's Code of Conduct and other information provided about this activity. I am aware of and understand my obligation to comply with the Participant's Code of Conduct.

I am aware that a list of participants will be given to all participants at the end of the activity and I consent to the following personal details being included in that list (please tick the details you consent to being published):

Name Address College or School Phone number Email address

I also consent to The Roman Catholic Trust for the Diocese of Rockhampton using photos taken at/during the activity for future publicity of The Roman Catholic Trust for the Diocese of Rockhampton, its ministries, offices, parishes and agencies and/or similar programs (please tick to indicate consent).

Signature of Participant:

Date:

Signature of Witness:

Date:

Name of Witness:

Address of Witness:

PLEASE NOTE: This registration form is subject to privacy legislation and the Privacy Policy and Privacy Statement of The Roman Catholic Trust for the Diocese of Rockhampton.

Confidential Medical Information

The information below is requested so that the activity supervisors are able to take and/or arrange appropriate care for the Participant during participation in the activity and to assist in the event that the Participant requires medical assistance or treatment. Information contained on this form may be disclosed to activity supervisors and persons providing medical assistance or treatment.

PARTICIPANT'S FULL NAME:

Please detail any allergies, illnesses or conditions that the Participant suffers or experiences (eg. Asthma, Diabetes, Epilepsy)

Does the Participant have any special needs (eg. Disabilities, dietary requirements)? YES / NO
If yes, please give details:

Does the participant need to take any medication for a medical condition? YES / NO
If yes, please give details:

Is the participant a capable swimmer? YES / NO

Please provide any other information you consider relevant to caring for and/or rendering assistance or medical treatment to the Participant:

Medicare Number:

Private Health Fund:
Membership/Contribution Number:

Date of last Tetanus Immunisation:

Blood Type:

Name, Address and Phone Number of Family Doctor:

I declare that all particulars provided above are true and correct to the best of my knowledge.

Signature of Participant:

Date:

PLEASE NOTE: This medical information form is subject to privacy legislation and the Privacy Policy and Privacy Statement of The Roman Catholic Trust for the Diocese of Rockhampton.

Participants' Code of Conduct

The Catholic Diocese of Rockhampton is committed to ensuring that it provides a safe and caring environment for *children and young people* through its *ministries and offices*.

The Church, and accordingly the Diocese, believes:

- Every human being is created by God;
- Personal dignity and integrity are both a right and a responsibility;
- Respect in relationships is essential to Christian community;
- *Children and young people* have a right to safety while in its care.

Participants are required to uphold these beliefs, which include treating *Activity Supervisors* and other participants in a manner which is consistent with these beliefs.

The activity is intended to promote the development and wellbeing of participants in a positive, safe and caring environment.

Required Standards of Conduct

- Participants are required to follow and abide by the directions of *Activity Supervisors*.
- Participants must not engage in behaviours or actions which constitute discrimination, bullying or harassment, or causing injury, illness or other harm a person.
- Participants must not use language which is offensive or obscene.
- Participants must not misuse technology or technological devices (including without limitation, internet, email, mobile phones, video, DVD and recording devices).
- Participants must not be in possession of any weapon or item likely to cause harm or intimidation to a person or property.
- Participants must not be in possession of, use or supply *illegal substances* or *unsanctioned substances* (refer to definitions of these terms attached).
- Participants must maintain dress appropriate to the activities being undertaken.
- Participants must not interfere with, steal, or cause wilful or negligent damage or deface the property of another person or entity.
- Participants must report any incidents (including for example, any accident, illness, injury, property damage or breach of this Participants Code of Conduct) to the *Activity Supervisor*. If the incident involves the *Activity Supervisor*, a report must be made to the *Appropriate Pastor* (ie. the Parish *Priest Pastor* for an activity of the Parish or the *Bishop* for an activity of any other *ministry or office* of the *Diocese*).

Participants who breach or fail to comply with the required standards may be subject to disciplinary action, which for serious breaches may involve immediate exclusion from the activity and / or expulsion from participating in future activities. A breach or failure to comply may also result in property being confiscated for the duration of the program. In the case of a breach or failure to comply which is suspected of constituting a criminal or other offence, the matter will be referred to the relevant law enforcement authority(s).

While the *Activity Supervisors* will take reasonable steps to ensure the location / venue for the activity is safe and secure, it is recommended that participants do not bring any valuable items with them when participating in the activity. The Diocese does not take responsibility for the loss or damage of personal property.

By completing and signing the Authorisation Section of your Registration Form you have agreed that you have read, understood and will comply with this Participants' Code of Conduct.

ILLEGAL SUBSTANCES

Often also referred to as illicit substances, these are drugs and substances prohibited by law, including without limitation drugs prohibited by the *Drugs Misuse Act 1986* (for a list of these drugs refer to the Schedules of the *Drugs Misuse Regulation 1987*).

UNSANCTIONED SUBSTANCES

These are drugs or substances:

- (a) whose use is restricted by law, including but not limited to:
 - (i) liquor as defined by section 4B of the Liquor Act (of which consumption or possession by a minor is unlawful);
 - (ii) drugs and poisons regulated by the Health Act 1937 (refer also to the Health (Drugs and Poisons) Regulation 1996);

OR

- (b) are listed following:
 - (i) tobacco;
 - (ii) herbal cigarettes;
 - (iii) pharmaceuticals including over the counter medicines and prescription medicines other than that for which the person holds a current prescription prescribed by a registered medical practitioner;
 - (iv) image or performance enhancing substances such as those used for their capacity to improve physical image and physical and/or mental abilities; and
 - (v) inhalants or substances which are inhaled for their psychoactive effects, including domestic and commercial products such as glue, aerosol sprays, paints, industrial solvents, thinners, petrol and cleaning fluid which are being used or reasonably suspected of being used inappropriately.

