

(Ministry / Office / Agency / Parish)

Participant Registration Form For

(Description of Activity / Date and Location)

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

Parent / Guardian's Full Name:

Home Phone:

Work Phone:

Mobile Phone:

AUTHORISATIONS & INDEMNITY

I, the undersigned, am a parent or legal guardian of the Participant named above. I consent to the Participant participating in the _____ activity.
(name of activity)

I understand:

- the risks involved with participating in this activity and with that understanding, I freely assume those risks;
- in the event the Participant suffers an illness or injury, all reasonable efforts will be made by the activity supervisor to contact me promptly; and
- if I required further details about the program before signing this form I may have contacted _____ (name of contact) on _____ (insert number).

In the event the Participant suffers an illness or injury, I authorise a 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 my child (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 the Participant's participation in the activity.

I have read the Participant's Code of Conduct and other information provided about this activity. The Participant is aware of and understands his/her 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 of the Participant 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 Parent / Guardian:

Date:

Signature of Participant:

Date:

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 Parent/Guardian:

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.