



Bunbury Youth Ministry Office

Participant Registration Form



Please complete this form as part of the registration process for the Diocesan program for the Western Australian Catholic Youth Festival, Veritas 2018 Diocesan Package! Please ensure that the form is completed clearly, completely and correctly. Incomplete and incorrect forms may not be accepted. If you have any questions please contact us on 9721 0508 or by email diouyouth@bunburycatholic.org.au

GENERAL INFORMATION

PARTICIPANT DETAILS

| | | |
|---|---|-----------|
| Title: | Name: | Gender: |
| Address: | Suburb: | Postcode: |
| Contact number: | Mobile: | |
| Please ensure that the mobile number is the <u>participant's mobile number</u> while on the program. This is important for important communications, emergency management and keeping everyone safe, secure and together. The number will be used for the purpose of Youth Ministry only. | | |
| Email: | | |
| School/Parish/Group/Movement: | | |
| Date of Birth: | Age (as at 6 th of July 2018): | |
| If Under 18: Year group level at School. | | |
| If over 18: Employed or studying? | University/Workplace? | |
| Special skills, gifts or talents to share? | | |
| Dietary Requirement: | | |
| Special Assistance: | | |

If under 18 years of age

PARENT/ LEGAL GUARDIAN OF UNDER 18 PARTICIPANTS

- I consent to my child participating in the West Australian Catholic Youth Festival, Veritas Diocesan Package and its activities, including but not limited to **staying** at the **Woodman Point Recreation Camp, travelling to** and from **Corpus Christ College, Bateman** each day.
- I understand that my child must be accompanied by an adult or a legal guardian.
- I have read the Participant Code of Conduct and have signed it.

Select option from below:

- I authorise the person detailed below to be my child's guardian for the duration of the Diocesan Package to the West Australian Catholic Youth Festival, Veritas (July 6 -8 2018)
- I authorise BYMO to appoint a guardian for my child for the duration of the Diocesan Package to the West Australian Catholic Youth Festival, Veritas (July 6 -8 2018)

SIGNED: _____ DATE: / /

NAME [Please Print]: _____

If the Participants' parent/guardian is not attending the Youth Festival, the adult guardian/group leader nominated by parents/guardians to attend the trip must complete the box below and sign where indicated.

• I agree to attend as _____ (insert child's name)'s guardian/group leader during the West Australian Catholic Youth Festival, Veritas 2018 Diocesan Package event. I accept all responsibility for _____ (insert child's name) during the trip/event.

• I have given a copy of my WA current Working With Children Check card to the BYMO (please attach a copy)

SIGNED: _____ DATE: ____ / ____ / ____

NAME [Please Print]: _____

AUTHORISATION

(Please circle the appropriate words that are underlined.)

The following is to be signed by the Participant if over 18 or by a parent/legal guardian if the Participant is aged under 18 years of age.

1. I, the undersigned, wish to /am willing for my child to participate in the Festival Package.
2. I understand the nature of the activities during the Festival Diocesan Package may include, but will not be limited to, indoor and outdoor group activities, basic dormitory accommodation, communal eating, socialising, traveling in motor vehicles, private cars & chartered buses, traveling in aircraft and trains and that risks may arise during these activities.
3. I indemnify and release the Bunbury diocese, its officers, employees, volunteers and agents against claims and losses of any kind arising out of or in connection with my/my child's participation in the Festival Package. I accept responsibility for payment of all expenses associated with any such claims or losses, including, but not limited to, responsibility for payment of medical expenses incurred by myself/my child.
4. My child agrees / I agree to abide by the Participant Code of Behaviour set out above, the terms of this Authorisation and any rules notified to me by the diocese (collectively, "Rules") from time-to-time and to participate in all aspects of the Festival Package. I understand that a breach of these Rules may result in the removal of my child/myself from the Pilgrimage. If my child is/I am removed from the trip, I accept responsibility for all costs incurred, including any travel costs associated with my child's/my early return to Australia.
5. I consent to the Diocese of Bunbury and its nominees to filming and/or photographing me/my child (Footage).
6. I consent to the Diocese of Bunbury and its nominees using my name, image and likeness/my child's name, image and likeness and that this Footage may be used by the diocese for promotional, marketing_or other purposes associated with the Festival Package.
7. I consent to the Diocese of Bunbury and its nominees without limitation using, reproducing, exhibiting, editing, adapting, compiling with other works or materials, transmitting, broadcasting, publishing and distributing the Footage in any media at its discretion.

8. I acknowledge that the Diocese of Bunbury and its nominees is not obliged to publish or otherwise use the Footage or any part of it.

9. I agree that ownership of any intellectual property rights in the Footage and all works derived or created under it vest in the Diocese of Bunbury and that to the extent that any such intellectual property rights vest in either my child or me, I hereby assign those rights to the Diocese of Bunbury.

10. To the full extent permitted by law, I consent to the doing of anything in relation to the Footage that (but for the consents provided in this letter) would otherwise infringe any moral rights, performers' rights or similar non-assignable personal rights that I / my child might otherwise have including but not limited to publishing the Footage without attribution and modifying/adapting the Footage.

11. I agree to execute all documents and do all things required by the diocese for the purpose of giving effect to the above requirements.

12. I acknowledge that the diocese collects my personal information and the personal information of my child to promote the Festival Package. The diocese may disclose this personal information to its nominees which it engages to promote the Festival Package. The diocese is bound by the *National Privacy Principles in the Privacy Act 1988*. I can access, modify, or delete the personal information the diocese holds about my child/ me by contacting Aaron Faure (BYMO).

13. I agree that the laws of Western Australia, Australia govern this letter.

SIGNED: _____

DATE: / /

NAME [Please Print] _____

MEDICAL INFORMATION CONSENT FORM (CONFIDENTIAL)
WEST AUSTRALIAN CATHOLIC YOUTH FESTIVAL, VERITAS 2018

To be completed by the participant or Parent/Guardian for under 18 participants – please print all responses for ease of reading

PARTICIPANT'S DETAILS

Name: _____ (First name) _____ (Surname)

Family Doctor's Name: _____ Doctors Phone: _____

Date of Birth _____ Phone while travelling _____

NEXT OF KIN CONTACT

Name: _____

Email: _____

Telephone:(Home) _____ (Work) _____ (Mobile) _____

Alternate Emergency Contact: _____

Telephone:(Home) _____ (Work) _____ (Mobile) _____

MEDICAL HISTORY (CONT)

Do you or your child have any of the following:

| | | | | | |
|--|------------------------------|-----------------------------|---------------------------------------|------------------------------|-----------------------------|
| Asthma | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Migraine headaches | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Allergies | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Phobias | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Bleeding disorder | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Skin condition | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Blood pressure | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Sight/hearing problems (significant) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Diabetes | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Attention Deficit Disorder (ADD/ADHD) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Epilepsy, fits or blackouts | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Mental Health Condition | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Fainting | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Limited Mobility | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Heart condition of any kind | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Chronic Illness | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Other | Yes <input type="checkbox"/> | No <input type="checkbox"/> | | | |
| Do you or does your son/daughter have any ankle/knee/joint problems? | | | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| Have you or had your son/daughter suffered any serious injuries in the last 12 months? | | | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| Do you or does your son/daughter wear contact lenses? | | | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |

If Yes to any of the above questions, please provide details, including a suggested management plan (attach sheet if required).

Are you or your child taking any medication?

Yes No

If Yes, please indicate bellow. Medication must remain in the original container, labelled with participants name, name of prescribing medical practitioner, name of medication, dosage and administration instructions.

If assistance is required administering/storing medication, this must be discussed with the participant's Group Leader.

Medication: _____

Dosage/Frequency: _____

Medication: _____

Dosage/Frequency: _____

Please attach any further medication information on a separate sheet.

Do you consent to yourself or your son/daughter receiving paracetamol e.g. Panadol, for temporary pain relief, high temperature or fever? Yes No

For Asthma or any allergenic condition, please complete the Asthma/Allergy Management Form attached

SWIMMING ABILITY

Strong – 50 metres unaided Average – 25 metres unaided Poor – 10 metres unaided Non-swimmer

About the information you give us on this and the Asthma/Allergy Management Form

Health information about the participants are sensitive information within the terms of the National Privacy Principles under the Privacy Act 1988 (Commonwealth). The BYMO collects this information to satisfy its legal obligation to discharge its duty of care to its participants. This information is collected for the purposes of activities associated with the Australian Catholic Youth Festival Diocesan Packageonly.

Please include any other important, relevant information you believe we should be aware of here:

DECLARATION AND CONSENT

I declare that the information which I have provided on this form is complete and correct and that I will notify the BYMO if any changes occur.

I have completed the relevant sections.

I authorise the BYMO to enable the Group Leaders and medical personnel accompanying myself or my child on the Australian Catholic Youth Festival Diocesan Package to be provided with the information contained in this form.

In the case of a medical or dental emergency, I authorise the Group Leader/medical personnel (or as delegated, if necessary), where it is impracticable to communicate with me, to arrange for and permit myself or my child to be given, while participating on this activity, such medical/surgical treatment or dental treatment, including general anaesthetic, as may be deemed necessary by a duly qualified medical practitioner or dental practitioner, as applicable.

I also undertake to pay costs incurred for medical/surgical or dental attention, ambulance transport, medication/medical drugs or other costs, which may not be covered by Travel Insurance, while I or my child is on this trip.

If over 18:

**Name of Participant
completing form:** _____

**Signature of Participant
completing form:** _____ **Date:** _____

IF UNDER 18:

**Name of Parent/Guardian
completing form:** _____

**Signature of Parent/Guardian
completing form:** _____ **Date:** _____

Youth Participant Code of Conduct

To be completed by participants under 18 years of age as of July 6th 2018 and their parents.

The Youth Participant Code of Conduct has been developed to ensure positive and respectful interaction between all people participating in Diocesan Youth Ministry Events. Youth Participant conduct should be characterised by common sense, politeness and cooperation. Participants should at all times be mindful that they are ambassadors for their parish/school.

I will:

1. Conduct myself in a respectful and Christian manner through language, dress, and behaviour
2. Listen and adhere to all lawful instructions given by Coordinators, leaders or volunteer members
3. Respect the property of other participants, leaders and venues
4. Keep my personal belongings with me all times
5. Fully and actively participate in all activities, arriving promptly, and staying for the entire event
6. Maintain the spirit of the event
7. Report problems or incidents of any kind to a volunteer, including situations that make me feel uncomfortable
8. Act in accordance with the laws, regulations and rules of the event and of Western Australia
9. Avoid risk taking behaviour which could compromise the health and safety of myself or others
11. Refrain from violence towards participants, leaders and all other persons
12. Refrain from dangerous, demeaning, threatening (including bullying & harassment) or immoral behaviour

I will not:

13. Use rude or offensive language
14. Hurt, abuse, bully, or tease anyone
15. Upload, store, post on social media, or transmit via a mobile device inappropriate images of myself or others
16. Engage in actions that could result in injury and/or damage to property
17. Possess weapons of any kind
18. Purchase, possess, consume, or distribute alcohol
19. Purchase, possess, consume, or distribute banned drugs or misuse other medication
20. Engage in any form of sexual activity or sexual harassment

21. Purchase, download, possess, or distribute pornography

If a serious breach of the Youth Participant or Adult Code of Conduct occurs during the event, those affected should immediately advise a volunteer.

Youth Participants and their parents/guardians understand that failure to agree to and abide by the Youth Participant Code of Conduct will result in exclusion from the event.

I have read the above Code of Conduct and I agree to follow it while attending Diocesan Events. I understand that if the Code is breached the Bunbury Youth Ministry Office may:

- Report my misconduct to local statutory authorities, if the breach in any way violates local ordinances or laws
- Dismiss and escort me from the venues of the event. If the Youth Participant to be dismissed is a minor then this would be done by requesting that an Adult Leader remove them from the event (whereby it would become the responsibility of the Adult Leader to ensure timely, accompanied, and safe transportation of the minor to their parent/guardian)
- Ban me from involvement in future Bunbury Youth Ministry Office events.

| | | |
|---|-----------|------|
| I understand and agree to the above expectations. | | |
| Participant's name: (Please print) | Signature | Date |
| For parent/guardian: I have discussed these expectations with my child and I offer my full support. | | |
| Parent/Guardian name: (Please print) | Signature | Date |

Adult Participant Code of Conduct

To be completed by those over 18 years of age as of July 6th 2018

The Adult Participant Code of Conduct has been developed to ensure positive and respectful interaction between all people participating in Diocesan Youth Ministry Events. Adult Participants conduct should be characterised by common sense, politeness and cooperation. Participants should at all times be mindful that they are ambassadors for their parish/school. Due to the possibility of other participants at Diocesan Youth Ministry events being under 18 (and therefore legally classified as minors) adult participants should ensure their behaviour and interactions with minors are appropriate.

I will:

1. Conduct myself in a respectful and Christian manner through language, dress, and behaviour
2. Listen and adhere to all lawful instructions given by Coordinators, leaders or volunteer members
3. Respect the property of other participants, leaders and venues
4. Keep my personal belongings with me all times
5. Fully and actively participate in all activities, arriving promptly, and staying for the entire event
6. Maintain the spirit of the event
7. Report problems or incidents of any kind to a volunteer, including situations that make me feel uncomfortable or are potentially abusive towards minors.
8. Act in accordance with the laws, regulations and rules of the event and of Western Australia
9. Avoid risk taking behaviour which could compromise the health and safety of myself or others
10. Refrain from violence towards participants, leaders and all other persons
11. Refrain from dangerous, demeaning, threatening (including bullying & harassment) or immoral behaviour
12. Respect each child's boundaries and help them to develop their own sense of their rights

I will not:

13. Use rude or offensive language
14. Hurt, abuse, bully, or tease anyone
15. Upload, store, post on social media, or transmit via a mobile device inappropriate images of myself or others
16. Take photographs or video footage of any minors under 18 years of age
17. Engage in actions that could result in injury and/or damage to property
18. Possess weapons of any kind
19. Purchase, possess, consume, or distribute alcohol
20. Purchase, possess, consume, or distribute banned drugs or misuse other medication
21. Engage in any form of sexual activity or sexual harassment
22. Purchase, download, possess, or distribute pornography

23. Use language, make suggestions or offer advice which is inappropriate, offensive or abusive
24. Behave physically in a manner which is inappropriate or sexually provocative
25. Spend excessive time alone with children away from others
26. Take children to your own home, especially where they will be alone with you
27. Do things to children of a personal nature that they can do for themselves
28. Condone, or participate in, behaviour of children which is illegal, unsafe or abusive

If a serious breach of the Youth Participant or Adult Code of Conduct occurs during the event, those affected should immediately advise a volunteer.

Adult Participants understand that failure to agree to and abide by the Adult Participant Code of Conduct will result in exclusion from the event.

I have read the above Code of Conduct and I agree to follow it while attending Diocesan Events. I understand that if the Code is breached the Bunbury Youth Ministry Office may:

- Report my misconduct to local statutory authorities, if the breach in any way violates local ordinances or laws
- Dismiss and escort me from the venues of the event.
- Ban me from involvement in future Bunbury Youth Ministry Office events.

Adult Participant's Name: _____

Signature: _____

Date: _____

COMPLETE THE FOLLOWING PAGES ONLY IF APPLICABLE

ASTHMA/ALLERGY MANAGEMENT DETAILS

WEST AUSTRALIAN CATHOLIC YOUTH FESTIVAL, VERITAS 2018

To be completed by the Participant or Parent/Guardian if asthma or allergies have been identified

ASTHMA

Signs/Triggers

| Usual signs of participants asthma | | Worsening signs of participants asthma | | What triggers participants asthma? | |
|------------------------------------|--------------------------|--|--------------------------|------------------------------------|--------------------------|
| | | Increased signs of: | | Exercise | <input type="checkbox"/> |
| Wheezing | <input type="checkbox"/> | Wheezing | <input type="checkbox"/> | Colds/viruses | <input type="checkbox"/> |
| Tightness in chest | <input type="checkbox"/> | Tightness in chest | <input type="checkbox"/> | Pollens | <input type="checkbox"/> |
| Coughing | <input type="checkbox"/> | Coughing | <input type="checkbox"/> | Dust | <input type="checkbox"/> |
| Difficulty in breathing | <input type="checkbox"/> | Difficulty in breathing | <input type="checkbox"/> | Smoke | <input type="checkbox"/> |
| Difficulty speaking | <input type="checkbox"/> | Difficulty speaking | <input type="checkbox"/> | Weather changes | <input type="checkbox"/> |
| Other (please describe) | | Other (please describe) | | Other (please describe) | |

Asthma Medication Requirements – Note: Please repeat, even if previously noted on this form.

| Name of medication | Method (e.g. puffer and spacer, Turbuhaler, Accuhaler) | When, and how much? |
|--------------------|--|---------------------|
| | | |
| | | |

Participant's Asthma First Aid Plan

(Please describe)

Any other information that will assist with asthma management for yourself or your son/daughter while on the festival? (e.g. peak expiratory flow action plan, night time asthma, recent attacks)

ALLERGY

Have you or your son/daughter suffered from the following reaction to an allergy:

A localised reaction (rash, itching, swelling at the site the poison/irritant enters)? Yes No

A systemic reaction (rash, itching, swelling away from the site the poison/irritant enters)? Yes No

An anaphylactic reaction (severe breathing problem, total body swell, emergency situation)? Yes No

Any allergic response as a result of medication administered during a surgical procedure Yes No

What are you or is your son/daughter allergic to? (*including foods, plants, insect bites, medications*). Please describe the symptoms.

Allergy: _____ Symptoms: _____

Treatment: _____

Allergy: _____ Symptoms: _____

Treatment: _____

Key Questions

Is there a history of anaphylaxis in your family? Yes No

Have you or your son/daughter been admitted to hospital due to an allergenic reaction? Yes No

DECLARATION

I declare that the information which I have provided on this form is complete and correct and that I will notify the Bunbury Catholic Youth Ministry Office if any changes occur.

I have completed the sections above.

I authorise the Bunbury Catholic Youth Ministry Office to enable the Group Leaders/ medical personnel accompanying the group to be provided with the information contained in this form.

If over 18:

Name of Participant completing form: _____

Signature of Participant completing form: _____ Date: _____

IF UNDER 18:

Name of Parent/Guardian completing form: _____

Signature of Parent/Guardian completing form: _____ Date: _____

