

# Young Life Health, Consent and Release Form.

## Students must be in Year 9-13 to participate on this camp

Please note that an incomplete form may result in your teenager not being able to participate in this outing. Anyone over 18 may sign as their own guardian.

### Student Details :

Name \_\_\_\_\_ Age \_\_\_\_\_

D.O.B \_\_\_\_\_ Year \_\_\_\_\_

School \_\_\_\_\_

Postal Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Mobile Phone number\* \_\_\_\_\_

Email \_\_\_\_\_

Doctor's Name & Telephone \_\_\_\_\_

### Parent/Guardian Details (please fill in any contact info that differs from student details)

Name \_\_\_\_\_

Phone:Home \_\_\_\_\_

Work \_\_\_\_\_

Mobile \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_

Please outline any medical conditions, or food/drug/plant/insect allergies that your teenager has

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dietary Requirements

\_\_\_\_\_

\_\_\_\_\_

Please contact me to further discuss my teenager's medical needs

**YES/ NO** (please circle one)

### STUDENT CONTRACT

I will take genuine responsibility for my own safety and that of others.

I agree to show respect to others, to follow instructions of Young Life staff and volunteers. I will declare medical conditions that could affect me. I understand that my parents / caregivers will be contacted and I may be sent home at their expense if my actions put me or others in any danger or I am found with illegal drugs or alcohol. Young Life and associated Youth Communities have my permission to use any sound or visual recordings of me, without compensation or approval rights, in their future promotional materials.

**Signed by student** \_\_\_\_\_

### PARENTS CONSENT

I consent to my teenager's participation on the Young Life snow camp and activities. I understand that there are risks associated at snow camp and that these risks cannot be completely eliminated. I understand that the leadership will identify risks or hazards and implement procedures to minimise those hazards. I recognise that participation in such activities is voluntary and not mandatory. I agree to my teenager receiving emergency medical treatment if necessary. Any medical costs incurred will be paid by me. If my teenager is involved in a serious disciplinary problem, including the use of illegal drugs or alcohol, or actions that threaten the safety of others, she/he will be sent home at my expense. I understand that Young Life does not accept responsibility for loss or damage to personal property.

#### SHOOTING CONSENT

*I give permission for my son to participate in any supervised shooting activities on this camp* **YES / NO**  
(Parent/Guardian please initial ) \_\_\_\_\_

**Parent/Guardian Signature**

\_\_\_\_\_

**Date** \_\_\_\_\_

**Please return this form and payment to Young Life by 22nd of February. Please make cheques out to "Young Life NZ" and return to your youth Leader or post to: Young Life:  
PO Box 39796**