



Fearless Workshop 2018

- Date: 17 & 18 April 2018; 9:30am – 3:00pm
- Venue: Windsor Park Baptist Church, 550 East Coast Road, Mairangi Bay 0630

Parental Consent

I agree to my child taking part in the Fearless Workshop and have read the information provided. I agree to their participation in the activities described. I acknowledge the need for them to behave responsibly.

Yes

Acknowledgement of External Providers

I acknowledge that Bays Youth Community Trust may employ/work with external providers as part of the running of this Workshop, i.e. skateboarding.

Yes

Acknowledgement of Risk

I have read the information provided and I understand that there are risks associated with involvement in this workshop and that these risks may not be able to be completely eliminated. I understand that Bays Youth Community Trust has attempted to identify all the risks and hazards which will be present during this workshop and have taken steps to eliminate (wherever possible), isolate or minimize those risks. I understand that my child will be briefed on the hazards and all correct safety procedures. I know that I am able to ask any questions of Bays Youth Community Trust about the activities my child will be involved in, to gain a better understanding of the risks involved. I recognize that participation in such activities is voluntary and not mandatory. My child and I both understand that they may withdraw from the activity if I/they feel at risk. This must be done in consultation with the person in charge. I understand that Bays Youth Community Trust does not accept responsibility for loss or damage to personal property and that it is my responsibility to check my own insurance policy.

Yes

Medical Needs

I agree that if prescribed medication needs to be administered, a designated adult will be assigned to do this. I will ensure that prescribed medication is clearly labeled, secured fastened and handed to the designated adult with instructions on its administration.

Yes

Participant Medical Information

Does your child have any (please circle):

- Allergies Yes No
- Dietary Requirements Yes No
- Any medical conditions: Yes No
- Is your child currently taking any medications: Yes No

If you answered 'Yes' to any of the questions above, please provide details below:



Emergency Treatment

I agree to my child receiving any emergency medical treatment as considered necessary by the medical authorities present.

Yes

Medical costs

I accept that any medical costs incurred for emergency visits not covered by ACC will be paid by me.

Yes

Emergency Contacts

I am aware that in the event of an emergency Bays Youth Community Trust will contact me in the first instance. If I would like an alternative contact to be used I will provide these details directly to a Bays Youth staff member on the day of the workshop.

Yes

Use of Images, Photos, Recordings

I give permission for Bays Youth Community Trust to use photographs or recordings of me for publications, websites, and/or advertising materials (printed or electronic). I also understand that I can withdraw this permission at any stage.

Yes No

Name of Child: Chanel Frauendorf

Name of Parent or Legal Guardian completing this form: Marleen Frauendorf

Email: frauendorf@gmail.com

Phone Numbers: Mobile 02102920439 Alternative 0277071614

Alternative Contact: Name: Hein Frauendorf

Relationship to Child: Father

Phone Number: 0277071614

Signature: *ML Frauendorf* Date: 16 April 2018