

Use this form for all special/out of the ordinary activities at Hope Central or at a different location.



HOPE
central

**YOUTH ACTIVITY -
PERMISSION FORM**

Youth leaders to complete the Activity Details.
Parents/caregivers to complete the rest and

ACTIVITY DETAILS		
DATE/TIME OF ACTIVITY	Date: / /	Time:
NAME OF ACTIVITY		
LOCATION		
DETAILS/SPECIFICS		
GENERAL INFORMATION		
CHILD (under 18 years of age)	Name:	Mobile:
HOME ADDRESS	Unit/Street:	
	Suburb:	State:
	Postcode:	
PARENTS, LEGAL GUARDIANS OR RESPONSIBLE PERSONS	Name:	Relationship to Child:
	Mobile:	
	Name:	Relationship to Child:
	Mobile:	
MEDICAL INFORMATION		
EMERGENCY CONTACT	Name:	Mobile:
	Relationship to Child:	
ALLERGIES & MEDICAL CONDITIONS Please bring required medication or EpiPen.	Allergy/Condition:	
	Action Required:	
DOCTOR	Name:	Phone:
	Address:	
DOES YOUR CHILD HAVE SPECIAL NEEDS?	<input type="checkbox"/> No <input type="checkbox"/> Yes - Explanation:	

PERMISSION

- I acknowledge that the activity described on this form may be hazardous and my child participates at his/her own risk. I understand Hope Central will take reasonable steps to provide a safe environment and to ensure all equipment supplied by them for the activity is of a reasonable standard.
- I acknowledge that Hope Central will not be liable for any injury that may be suffered by my child, which arises either directly or indirectly from, or in connection with, the activity described on this form.
- I agree to indemnify Hope Central against any and all claims arising from, or in connection with, any injury that may be suffered by my child, or that my child may cause to another person, as well as any loss of damage to property, equipment or personal effects belonging to my child, or any other person, arising either directly or indirectly out of or in connection with the activity described on this form.
- If I cannot be reached, I agree that Hope Central may authorise whatever medical treatment he/she may need (including calling an ambulance) and I agree to pay all medical expenses.
- I authorise photos and/or video of my child to be taken for Hope Central promotions.
- I give permission for my child to sign themselves in and/or out.

Name: _____ Signature: _____ Date: ____/____/____