

Program Enrolment Form

Connections Through Horses	<input type="checkbox"/> 30 th June <input type="checkbox"/> 1 st July <input type="checkbox"/> 14 th July <input type="checkbox"/> 15 th July
3 Day Camp	<input type="checkbox"/> 7, 8, 9 th July
Name	
Phone	
Address	
Email	
Date of Birth and Age	
Parent / Guardian Name	
Phone	
Email	
Relationship to Participant	
Referring Organisation	
Contact Person Phone	
Contact Person Email	
Medical Conditions or injuries	
Allergies <i>Include action to be taken in event of allergic reaction</i>	
Dietary Requirements	
Current medications <i>Detail when to be administered and how to be stored</i>	



Solutions through Horses

Emergency Contact Name (different to parent/guardian)	
Relationship to Participant	
Phone	
Participant Doctor Name	
Doctor Phone	
Doctor Address	
Participant Medicare Number	Number: Exp:
Participant Private Health Insurance	Fund: Number:
Participant Ambulance Cover	Number: Exp:
Other relevant information	

Waiver

By signing this form Yarraman Territory understands that you have read, acknowledged and understood the following points.

Release and Waiver of Liability

I, understand, acknowledge and accept that:

- Horse sports are a dangerous activity and horses can act in a sudden and unpredictable (changeable) way, especially if frightened or hurt.
- There is a significant risk that serious injury or death may result from horse sport activities.
- I understand and acknowledge the dangers associated with the consumption of alcohol or any mind altering drugs and agree not to drink alcohol or take drugs prohibited by law before or during any horse sports activities.
- I agree to follow the directions of any activity organiser and that any misconduct or refusal by me to follow any direction of any activity organiser can result in the cancellation of my participation in the activities and my immediate removal from my horse no matter where that may occur.

First Aid

I acknowledge that if I am required to take medication or eat regularly or have any special needs it is my responsibility to look after my own health, unless organised directly with Yarraman Territory staff. In event of an emergency, I consent to medical advice being sought on my behalf and I consent to the disclosure of my medical information to appropriate personnel. I agree that I may receive medical care (including CPR & First Aid) and be transported by ambulance if required.

Behavioural Expectations

I understand that Yarraman Territory expects all participants to behave safely and appropriately. I understand that Yarraman Territory reserves the right to remove me from an activity/program if my behaviour is inappropriate. Where a decision is made to return me home due to behavioural or other reasons I understand that the financial cost incurred will be covered by myself.

Images

I agree that Yarraman Territory may take photographs/video footage with and without names for any lawful purpose, including such purposes as publicity, advertising, website content & social media.

FOR PARTICIPANTS OF MINORITY AGE (Under 18 Years)

This is to certify that I, as a parent/guardian with legal responsibility for this participant acknowledge, understand and accept the Waiver of Liability above and consent and agree to my minor child's involvement or participation in Horse sport activities.

Participation in Activities

I give permission for my child on this registration form to participate in this program. I confirm that the information provided in this form is true and accurate. I understand the nature of the activities involved in this event and I agree that my child is participating in all activities entirely at their own risk.

I hereby agree that Yarraman Territory and its staff shall be, to the full extent permitted by law, released from and shall not incur any responsibility or liability whatsoever for any accident or injury sustained by my child at the activities or for any damage to or loss of their personal property.

I understand Yarraman Territory does not accept any responsibility for any personal items brought to camp.



Solutions through Horses

Transport

I give permission for my child to be transported by Yarraman Territory or nominated provider as approved by the Youth Outreach Program.

Safeguarding Children & Young People

Yarraman Territory has a legal, moral and mission driven responsibility to protect children and young persons from harm and to ensure that any incidents of suspected child abuse are promptly and appropriately managed. Yarraman Territory believes that all children and young people have the right to develop and reach their potential in environments that are caring, nurturing and safe. Yarraman Territory considers any form of abuse towards a child or young person as inexcusable and believes the protection, supervision and safety of children and young people is paramount.

Privacy Policy

Yarraman Territory is bound by Australian Privacy Principles (APP) of the Privacy Act 1988 and is committed to protecting the personal information held in respect of any individual, in accordance with the requirements of these principles. Yarraman Territory will only collect personal information necessary to perform business functions and activities and will store the data in a secure location with limited access. We will only contact you when we have your permission.

I have had sufficient opportunity to read this Dangerous Activity Acknowledgement and fully understand its terms and submit it freely and voluntarily. I have read and agree to the "Waiver of Liability" above.

Declaration – adult

I, _____ (full name) agree that I have read and understood the above declaration and agree to abide by it/.

_____ (signature) ___/___/____ (date)

Declaration – minor

I, _____ (full name of parent/guardian) agree that I have read and understood the above declaration and give permission for my child/:

_____ (child's full name) to participate fully in this program.

_____ (parent/guardian signature) ___/___/____ (date)