

Consent form will be held by LWYM.



REACHarge Youth Consent Form 2020

REACHarge Youth is an inter-church youth program under the covering of Living Waters Christian Community (Loxton Church of Christ)

Name/s of young person: Name/s of Parent/s or Guardians/s:			
	Telephone Number		
Name of Emergency Contact 2	Telephone Number		
Additional Information			
Please provide the following information,	to assist in case of emergency. All information will be		
treated in strict confidence.			
Medicare Card No.:			
Details of Ambulance Cover: NO / YES ((circle) if yes, cover No.:		
Family Doctor:	Loxton Health Centre; 85847321 (please circle)		
or other:			
Please list any medical allergies /illness/	conditions/ dietary requirements that the young person		
has, which in your opinion, the event Lea	ders may need to be aware of:		
Event Notification By Email			
As Parent/Guardian, I wish to receive each	ch event flier and term planner via email		
This will only be used for notification of you	outh events by the REACHarge Youth Leadership.		
Parent/ guardian email address:			
Student email address (optional)			

Version January 2020.

PTO...

Permission & Insurance Release

As a parent/guardian of the young person named above, they have my permission to participate in all covering events, as provided by Living Waters Youth Ministries for the 2020 calendar year.

All persons wishing to participate in 2020 must complete this form.

I understand that neither the Living Waters Christian Community nor any of its Leaders will be held liable for any claim I may have in relation to any disease or illness suffered by the above, any loss or damage to property belonging to the above, disability or death suffered by the above, whether during or in transit to and from the event. I accept full responsibility for any medical or other expenses incurred as a result of any injury or destructive behaviour sustained.

Medical Release

As a parent and/or guardian, I do herewith authorise the treatment by a qualified and licensed medical doctor of the above young person in the event of a medical emergency which, in the opinion of the attending physician, may endanger his or her life, cause disfigurement, physical impairment or overdue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

This release is current until the Jan 31, 2021 and is completed and signed of my own free will with sole purpose of authorising medical treatment under emergency circumstances in my absence.

Promotional /photo release

Signature	(Parent s/Guardian's sig	nature)
that you have read and agree to t		·
participate in Swimming or Aquati and or coaches/managers involve		on of authority to the staff
Aquatic Consent Note		
☐ Acknowledge that there is to be	e no payment for my child's performa	ince.
□ Release LWYM from any claim appearance in promotional action	by me or anyone on my behalf and a ivities;	arising out of my child's
☐ Acknowledge that LWYM is no	t obligated to use my child in promoti	ional activities;
 Understand that any video foot environment; 	age/photos/other images taken may	be shown in a public
	g made by LWYM of any performand authorised use of my child's perforn	
	os/other images of my child being tak ons, promotional material, websites a	
As a parent and/or guardian of the	e young person named above, I;	(please tick boxes)



Living Waters Christian Community is committed to Providing a child safe and child friendly environment.

LWCC has implemented the Child safe SP3 Safety System.

All Reacharge Youth Leaders are Childsafe Trained and accredited, and have up to date police checks.