



## Personal Information

Given Name

Surname

Preferred Name

Date of Birth

Age

Sex

Address

Suburb

State

Postcode

Phone Number

Email Address



## Policies and Behaviours Framework

Lutheran Youth of Victoria's own specific policies and behavioural expectations for all people involved in its activities, both leaders and participants, are detailed in <http://www.vic.lca.org.au/child-youth- and-young- adult-ministry/camps/>

Lutheran Youth of Victoria is an auxiliary of the Lutheran Church of Australia, and works within the LCA's Ethical Standards of Behaviour and policy framework. The LCA Ethical Standards of Behaviour and Child Protection, Prevention of Harassment and Abuse, Complaints Handling and Privacy policies are available at <http://www.lca.org.au/policies.html>

The Lutheran Youth of Victoria also uses the ChildSafe SP3 Safety Management System and endorses the code of conduct contained in that training for its leaders. <http://www.childsafe.org.au/>



## Parent/Guardian Details

This section is REQUIRED for any participant under 18 years of age. Participants over the age of 18 may disregard this section

Given Name

Surname

Address

Suburb

State

Postcode

Work/Business Hours Phone Number

After-Hours Phone Number

Mobile Phone Number



## Emergency Contact

Must be available 24 hours every day during camp and different from parent or guardian. This person will be contacted in the event that the parent/guardian cannot be contacted.

Given Name

Surname

Relationship to Participant

Work/Business Hours Phone Number

After-Hours Phone Number

Mobile Phone Number



## Medical Information

In order to ensure the health and safety of all participants, we are required to collect detailed medical information.

### Do you have any allergies?

Yes  No

If so, please complete the 'Allergies' section of this form.

**Medicare No.**  **Expiry Date**

**Name of Current Doctor/Medical Clinic**

**Health Care Card No. (If applicable)**

### Do you have private health insurance?

Yes  No

If so, please provide details:

**Insurance Provider:**

**Member/Policy Number:**

### Do you have ambulance cover?

Yes  No

### Do you have any relevant medical conditions of any kind?

May include asthma, diabetes, ear infections, fits, fainting, glandular fever, heart conditions, hyper/hypo-activity, measles, mumps, pneumonia, tonsillitis, significant previous injuries.

Yes  No

If so, please provide details\*

### Will you be taking any medication while participating in LYV activities?

Yes  No

If so, please provide details\*



## Individual Needs & Considerations

We collect the following information in order to provide a greater level of care and comfort for you. Information collected will be treated with respect and sensitivity, and is covered by the LCA's Privacy Policy..

### Are you of Aboriginal or Torres Strait Islander origin?

Yes  No

### Which language is mostly used at home?

### Which other languages are spoken in your home?

### Which cultures have influenced you?

### Do you have any mental or physical disabilities, impairments or conditions?

Please include any relevant conditions such as hearing or sight impairment, intellectual impairment, sensory sensitivities.

Yes  No

If so, please provide details

### Do you have any social, communication or behavioural issues, or any psychological issues or formal counselling situations?

Please include any relevant conditions such as Autism Spectrum, ADHD, ODD.

Yes  No

If so, please provide details

### Do you have any dietary requirements?

Yes  No

If so, please provide details

### Is there anything else we should be aware of to enable us to maximise your comfort and inclusion in the event?

Please list any personal need, issue, condition or situation that will enable us to respond to your personal circumstances



## Allergies

Do you have any allergies?

- No Allergies
- Yes, Food Allergies
- Yes, Allergies to Medicines
- Other Allergies

Do you use or require an EPIPEN?

- Yes  No

If you use or require an EPIPEN, please ensure that it is carried with you to LYV events, and that the director and leadership team are aware of it's location at all times.

Please provide any relevant allergy details below:

Allergy	Severity of Reaction	Trigger Events	Treatment



## Consents & Agreements

Please read, and check where indicated:

- I understand that all reasonable care will be taken by the LYV, its event coordinator/s and leaders and I accept full responsibility for any injury or illness in the case of accident or other untoward incident. I give the coordinator and other leaders authority to take any action deemed necessary for my welfare, including seeking medical attention on my behalf and calling for an ambulance. I recognize that I will bear the cost of any such treatment.
- I agree to conduct myself in a Christian manner and understand that my involvement is conditional upon complying with such rules as set out by the LYV and event coordinator. I agree to keep my behaviour in accordance with the guidelines for behaviour in the Ethical standards of behaviour and LYV "Small Print: brochure and Behaviour policy.\*"
- I acknowledge that I will be responsible for any breakages that I may cause.
- I agree that in the event of serious or repeated breaches of the behaviour code, I may be sent home by the event coordinator at my own expense, and my parent/guardian/carer will cooperate in making arrangements and paying for this to happen if needed.
- I agree that individuals taking photographs is a normal part of camp. I further agree that while LYV behaviour code requires that all people seek permission from the subjects of photographs before publishing them, the LYV cannot be held responsible for the behaviour of individuals.



## Media Permissions

Please read, and check where indicated:

- The Lutheran Youth of Victoria is an auxiliary of the Lutheran Church of Australia and collects your information as part of the LCA. The information collected by the LCA is used in accordance with LCA policies and in particular the LCA Privacy Policy. Information may be stored indefinitely because of legal requirements.
- I agree to information on this form being stored by the Lutheran Church of Australia.
- The LYV has my permission to use photographs and videos for LYV publications and promotions, both in print and electronically.



## Signed Declaration

- I am the legal Parent/guardian/carer name of the participant and consent to their taking part in this event, on the conditions outlined throughout this registration form.
- I am over the age of eighteen, and consent to take part in this event, on the conditions outlined throughout this registration form.

Full Name

Signature

Date