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**YOuth Summer camp:**

**ymca Anglesea Discovery camp**

**Monday 20th TO Thursday 23rd JANUARY, 2025**

**PLEASE RETURN THIS FORM BY FRIDAY 20TH DECEMBER 2024**

**General Information for parents/guardians**

**Overview:**

The 2025 Youth Summer Camp will run from 8:30am on Monday 20th January until 6:00pm on Thursday 23rd January 2025. \*\*Please note these times may vary for participants coming from locations outside of Swan Hill Such as Robinvale\*\*This camp will be fully supervised by Youth Support Program Staff from Swan Hill Rural City Council and YMCA. Participants of this camp will be aged between 15-25 years old. As part of this camp, participants will attend workshops to build skills in public speaking, peer support, leadership, teamwork and self reflection. They will also take part in activities such as raft building, canoeing, leap of faith, swimming, various games, and participants will have some free time each day to spend however they wish within the supervision of Camp staff.

**Camp details:**

The Youth Summer Camp will be run at the Anglesea Discovery Camp in Anglesea, South Victoria, 3230 (A 15 minute drive from Torquay). This camp is on the Great Ocean Road where the coastal bushland meets the beach. More information about the camp and its facilities can be found at: <https://camps.ymca.org.au/anglesea-discovery-camp>

**Bus times:**

The bus will be leaving from Youth Inc (50-52 Campbell Street, Swan Hill) at 8:45 am on Monday 20th January. We recommend that participants arrive by 8:30 am to leave time for loading luggage etc. The bus will arrive back at Youth Inc at 6:00pm on Thursday 23rd January. We will be in contact during the trip home with updated arrival times if needed.

**Spending money:**

Participants will not need to bring spending money, as all meals and activities will be paid for by the Swan Hill Rural City Council. If participants chose to bring spending money, this will be their own responsibility.

**Contact information:**

If you need to contact your child or speak to Youth Support Program Staff during the camp, please contact Steph Hartshorn on 0427 341 516 or Will Burns on 0419 288 365. Please be aware that we cannot guarantee quality mobile reception.

**What to bring:**

*We recommend that you only bring comfortable clothes that you don’t mind getting dirty (including bathers)*

* 4x shorts, leggings, tracksuit pants etc (depending on weather)
* 5x t shirts
* 1x jumper or jacket
* 5x changes of underwear
* 5x pairs of socks
* 1x pair of bathers
* 2x towels
* Toiletries including deodorant, hairbrush, toothbrush, toothpaste, shampoo, soap etc
* 1x pair of runners
* 1x pair of thongs
* 1x spare pair of closed top shoes
* Sunscreen
* Sunglasses
* Hat
* Drink Bottle
* Asthma Inhalers/Epipen/Medication if needed
* Pajamas
* **Bedding: You will need to bring your own pillows and sleeping bag.**

**Optional:**

* Camera
* Insect repellant
* Plastic bag for dirty clothes

Participant Information

Please note: all information disclosed in this form is strictly confidential and will be treated in a sensitive and respectful manner

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postcode: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is your current involvement in the community? ie. sporting clubs, community groups, hobbies etc.

What do you want to learn from this camp?

Do you have any specific goals we can help you achieve?

Are you willing to pay a $50 cash deposit to secure your place at the camp? This will be refunded upon your return to Swan Hill after camp.

Yes / No

PARTICIPANT’s medical details:

Please note: all information disclosed in this form is strictly confidential and will be treated in a sensitive and respectful manner

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant’s contact number (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ambulance cover Yes/No

Healthcare card Yes/No Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medicare card Yes/No Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tetanus immunization Yes/No Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Does the participant have any of the following conditions?**

\*Respiratory problems i.e. Asthma \*Yes / No ­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Allergies (food, medication, other) \*Yes / No ­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Epilepsy \*Yes / No ­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Anaphylaxis \*Yes / No ­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dietary needs (Gluten free, lactose free, other) Yes / No ­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*If you answered ‘Yes’ to any of the above listed conditions, an ACTION PLAN completed by a doctor must be attached with a current photo of participant.**

**Does the participant have any other medical conditions we should know about?** Yes / No

If you answered ‘Yes’, please provide further detail:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Does the participant need to take any regular medication? Yes/No If yes, please list below:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is the participant’s swimming ability? Can’t swim 50m 100m 200m+

**Emergency contact information:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact number (daytime): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact number (after hours):\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I (parent/guardian) hereby declare that the information provided on this form is true and correct

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Recreational Activity Consent Form**

Name of Participant: Date of Birth:

**Purpose of the consent form**

This form is intended to ensure that you (the parent/guardian) provide informed consent for your child/children to participate in the activity organised by Council, on the terms and conditions set out in this form. This form contains terms which are of legal force, are in effect and Council asks that you read the form carefully and, if necessary, obtain your own advice on the *effect of* the form before signing it and being bound by it.

**HOW THIS INFORMATION WILL BE USED**

Please note: all information disclosed in this form is strictly confidential and will be treated in a sensitive and respectful manner. Any information collected in the following pages will be used by the Swan Hill Rural City Council to ensure the safety and wellbeing of all participants in our program and to ensure that the appropriate information and parent/guardian contact details are available in case of emergency.

**Effect of the consent form**

Without limiting the effect of the form, it provides in summary that;

1. You consent for your child/children to participate in the activity on the terms set out by Council.
2. You agree for your child/children to participate at their sole risk.
3. If your child/children is injured or suffer loss during the activity you/they may not be able to take any action against Council, its employees, volunteers, servants and agents. Participants suffering harm are presumed or you are presumed to be aware of obvious risks unless the participant/you prove, on balance of probability, they/you were not aware of such a risk. Council has no liability for harm suffered from obvious risks of dangerous recreational activities. Further, Council has no duty owed to participants engaged in recreational activity if they/you are warned of the risk involved
4. If your child/children cause injury or loss to a third party during the activity and the third party takes action against Council, you agree to indemnify (reimburse) Council for any cost or loss that Council may incur as a result,

5. You authorise Council, its employees and volunteers to organise and consent to any medical treatment that your child/children may require during the activity, at your own cost.

**What you agree to**

*I hereby agree for my child/children to participate in the activity on the terms and conditions set out in this form. I understand that those terms and conditions effect their/ my legal rights and obligations and that I have had adequate opportunity prior to signing this form to obtain independent legal and other advice on the effect of signing this form.*

*I accept the inherent risk of the Leadership Camp in Anglesea on behalf of my child/children and possibility of injury, death, property damage or loss resulting there from, I acknowledge that whilst the (Council) will make every reasonable effort to minimize exposure, not all dangers associated with the Leadership Camp in Anglesea can be eliminated.*

**I hereby agree to indemnify Swan Hill Rural City Council, its Councilors, employees, volunteers, servants and agents from and against all actions, costs, claims, charges, expenses, penalties, demands and damages whatsoever which may be brought or made or claimed against them, or any of them, arising from my child/children participating in the activity directly related to my child's/children's negligent acts, errors or omission.**

I further authorise the employees, volunteers, servants and agents of Swan Hill Rural City Council who are to supervise the activity to obtain such urgent medical assistance and treatment, including the administration of a general anesthetic and the giving of blood transfusions and other medical and hospital services as they may be advised are necessary and/or appropriate for my child/children and I further agree to pay the costs of such treatment.

**I consent to my child’s image (photos and videos from camp) to be used by The Swan Hill Rural City Council for promotion purposes.**

In entering into this Agreement, I am not relying on any oral, written or visual representations or statements by the (Council) or it’s Councilors, employees, volunteers, servants and agents or any other inducement or coercion for my child/children to participate in the activity.

As the parent/guardian, I confirm that I have read and understand this Agreement prior to signing it and agree that this Agreement will be binding on my heirs, next of kin, executors, administrators and successors.

I agree that this Agreement shall be governed in all respects by and interpreted in accordance with the law of Victoria.

Signature of Parent/Guardian: Date:

Name of Parent/Guardian: \_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please return these forms with a $50 deposit to either: Youth Inc (50-52 Campbell Street, Swan Hill) or Robinvale Resource Centre (72 Herbert St, Robinvale VIC 3549) by Friday 20 December, 2024.

**Contact Steph on 0427 341 516 or** [**stephanie.hartshorn@swanhill.vic.gov.au**](mailto:stephanie.hartshorn@swanhill.vic.gov.au) **for more information.**