



ABN: 96028120934
PO Box 339
Sandy Bay
TAS 7006

Junior Orienteering Training Camp 2022

PARENT CONSENT, MEDICAL INFORMATION and CODE OF CONDUCT Form

To attend the Orienteering Tasmania ("OT") training camp at St Helens from 2nd of September to the 4th of September ("the Training Camp"):

- A. *this form must be completed and returned to the Training Camp Manager on, or before, the 29th August, 2022.*

CHILD DETAILS

Child's Full Name:

Child's Date of Birth:/...../.....

Child's Gender: Male / Female

1. I give permission for my child to attend the Training Camp.
2. I understand that orienteering is a physical outdoor sport and involves my child being alone in the bush, parklands and suburbs navigating their own way around courses including crossing roads open to motor vehicles, going across country and through areas that are open to the public.
3. I understand there are inherent risks of injury in going orienteering and my child must follow safety instructions and will be making decisions about their own safety including crossing roads and creeks, going through the bush, scrambling down earth banks and climbing fences.
4. My child is fit, well and mature and is able to go orienteering and to participate in the Training Camp.
5. I will let the Training Camp Manager or coaches know of any injuries or illness or condition which may impact on my child's ability to participate in any way both as required in this form and as may

arise in the future both by email to the Training Camp Manager and through myself or my child telling the coaches.

6. I understand that every effort will be made to contact me/communicate with me prior to any treatment in the event of an accident, illness, or other medical emergency. However, I authorise the Training Camp Manager and coaches to act *in loco parentis* and to consent, where it is impractical to communicate with me, to my child receiving such medical or surgical treatment as may be deemed necessary.
7. My child has the following hypersensitivities or allergies which should be noted in the event of any medical emergency:

8. My child has the following food or drug intolerance, special diets (example vegetarian):

9. My child has these current or recent injuries:

10. My child has these conditions (e.g. asthma, shin splints, learning differences that may require tailored coaching strategies):

11. My child is currently on the following medication (for example asthma treatment medication):

- 12. I understand that I could be liable in the event that my child causes any willful and/or accidental damage to property. This includes property belonging to OT as well as to any third parties.
- 13. I consent to my child being photographed or filmed and for these images to be used for training and by OT in our newsletter, our website, Facebook page and other publicity. OT will comply with the law, consider privacy issues and seek both my and my child’s permission for any wider usage.
- 14. I understand OT is a not for profit community sports organisation reliant entirely on volunteers and has limited sources of funding. I will respect the volunteer coaches and officials. If I have any concerns I will first approach the Training Camp Manager.
- 15. I have read the COVID Checklist for participants and am aware of the requirements. I agree to not allow my child to attend the camp if they show any symptoms or signs of COVID including but not limited to fever, cough, loss of taste or smell. Additionally, should any of these symptoms develop whilst participating in the camp, I understand that I will be contacted to arrange immediate collection of my child and for them to undertake COVID testing.
- 16. I understand that if the Tasmanian Government issues restrictions or requirements before or during the camp the organisers will be bound to follow those restrictions/requirements.

Signed: (Parent/guardian).Date:/...../.....

Full Name of Parent / Guardian:

Best Contact Mobile (parent and child):
.....

Best Contact Email (parent and child):
.....

EMERGENCY CONTACTS

1. Name and Relationship



Phone (home).....(work).....(mobile).....

2. Name and Relationship

Phone (home).....(work).....(mobile).....

GENERAL MEDICAL INFORMATION

Your doctor (GP):

Telephone:

Medicare number:

Line:

If you have:

Private medical insurance:

Membership number:

Line:

