

SCHOOL HOLIDAY JUNIOR MTB PROGRAM AND CONSENT FORM 2017/18



Participant's (Childs) details:

Date _____

Male/Female: M / F

Childs Name: _____ Date of Birth: _____ Age: _____

Address: _____ Suburb: _____

Postcode: _____ Parent Contact Number: _____

Emergency mobile number (for the day of the program): _____

Email Address: _____

Please specify any medical (or behavioral) conditions: _____

Are they currently taking medication: _____

Asthmatic: (Bring medication)

Anaphylaxis: (Bring medication)

PLEASE NOTE: If your child is not capable of riding with the group during the program and 'regrouping' becomes impractical, this poses a risk to the safety of other riders due to a reduction in supervision. If this occurs, you may be contacted to collect your child early.

Beginner Level (can ride a mountain bike but not experienced with technical features):

Intermediate Level (rides trails with technical features such as drop-offs larger than a gutter, long hill climbs & steep descents):

DECLARATION:

I certify that my child is medically fit and able to participate in the off-road Mountain Biking activities being conducted. I also agree to indemnify and hold harmless any or all the parties involved in organising and or conducting the off-road Mountain Biking activities ("the parties") from all actions, claims, damages, expenses which I might otherwise have against any or all of the parties howsoever arising out of my participation in any off-road Mountain Biking activity.

In the event of my child sustaining injury while participating in any activity, I authorise the parties to seek whatever medical and like treatment they deem necessary and appropriate for my child whereby I hereby agree to be liable for such treatment, or in the alternative, reimburse the parties for the cost of same. I acknowledge by signing this Form, or a parent or guardian doing so on my behalf, I agree to be bound by all the conditions of the activity.

Parental / guardian consent		
Print full name of parent or guardian:	Signature:	Date:
Relationship with applicant:		

Right to Use Image: In participating in the School Holiday Junior Mountain Bike Skills Program, I hereby grant permission to the YMCA of Hobart inc the right to use my child's physical likeness without restriction in any promotion or promotional material created by or for the YMCA Mountain Biking programs or events. This includes photographs published to online social networking websites such as Facebook. I accept that no fee or remuneration will be provided for my appearance in any YMCA of Hobart Program related promotions, and grant unlimited use of my image for this purpose only.

Privacy Statement: The YMCA acknowledges and respects privacy of individuals. The information that is being collected on this document is for the purposes of processing your enrolment in a YMCA of Hobart Program, providing you with updated information and assisting us improve our services to you. The personal information collected is of the parents/ guardians and the child enrolled in the program. By completing this form, the YMCA accepts that the parents/ guardians of the child have consented for this information to be collected. The intended recipients of this information are the YMCA, its authorised staff and relevant Government authorities. You have the right to access and alter personal information concerning yourself or your child in accordance with the Commonwealth Privacy Act (Amended 2001) and YMCA Privacy Policy. As part of your enrolment with the YMCA, you will receive information from time to time regarding our programs and services. The YMCA may also provide promotional material from indirectly related to YMCA of Hobart, if you do not wish to receive this information you will be given the option to 'unsubscribe'.

PLEASE RETURN THIS FORM VIA EMAIL TO: russell.tatlow@hobart.ymca.org.au