



Letter to Parents/Guardians of Child Participants (under 18)

February 2020

Dear Parents and Carers,

Cornerstone Youth
|| Friday Nights during School Terms 2020 || KYCK Camp (24-26 April 2020) ||
Onward (26 June 2020) || Spring Social (11 Oct 2020)

We refer to Cornerstone Youth on Friday nights during school terms, KYCK Camp (a KCC event - 24-26 April, 2020), attendance at Onward (a KCC event – 26 June, 2020) and the CY Spring Social (11 October, 2020) which the Cornerstone Presbyterian Community Church is conducting.

We understand that your child wishes to attend this activity. There are certain risks inherent in this activity and it is important that we draw these to your attention before your child participates in the activity. It is a requirement of the Church and its insurer that before your child undertakes this activity, you complete the attached Risk Warning form, and Higher Hazard Risk Event Form and return them to us.

Please complete the enclosed forms and return them to us by **28th February 2020**. Please note that we will observe strictly the requirement, no form, no attendance.

Please note that the obligation to take out insurance to cover personal injury to you/travel insurance rests with you.

Yours sincerely

Graham Bae and Ruth Lee,
Cornerstone Youth Workers..

Form A - Higher Hazard Risk Event Form

Note: Without completion of this form no participation in the event will be permitted

WHO	EVENT
Organisation Name: Cornerstone Presbyterian Community Church Including The Presbyterian Church of New South Wales, and the Presbyterian Church (New South Wales) Property Trust (collectively referred to as "the Organisation")	When: Friday nights during public school terms Times: From 7.00 am/pm to 9.30 am/pm KYCK Camp (24-26 April 2020), Onward (26 June 2020) and the CY Spring Social (11 October 2020). (To be filled in by person with parental responsibility or Adult participant) Where: CY Inner West Campus / CY Northern Campus (strike out whichever is not applicable)
Details: Youth Group _____ (Attach Risk Warning Form)	
MEDICAL INFORMATION	Name of Student/Participant: _____ Age: _____ Name of Parent/Guardian: _____ Address: _____ Contact No.: Tel. _____ Mobile _____ Other: _____ Medicare No: _____ Medical Fund: _____ Detail any medical conditions the participant suffers: _____ Name medications taken regularly and during an attack including dosage and how often taken: _____ _____ Describe any other illness, physical disabilities, or allergies: _____ _____ List any other information that may assist the Organisation's staff: _____ _____ Can the participant swim more than 100 metres? (where swimming involved) Yes/No
MEDICAL AUTHORITY & CONSENT	I, _____ of the above address acknowledge the above event entails certain risks inherent in this type of activity. I also acknowledge the Organisation and its helpers will make every reasonable effort to ensure the safety of the participant which may attract injury or loss. I authorise the Organisation to arrange immediate medical attention or treatment, including surgery and/or administration of anaesthetics as the case may require, or is likely to require. Such treatment will be authorised in writing or otherwise. I accept responsibility for payment of any expenses incurred, including transportation. I also acknowledge the Risk Warning constitutes a risk warning pursuant to the Civil Liability Act 2002 (including any amendments). Signed: Participant: _____ Date: ____/____/_____ Guardian: _____ Date: ____/____/_____

Form B – Risk Warning Form

(To be filled in by person with parental responsibility or Adult participant)

This form is to be used for **additional activities** not listed when the Student is enrolled in the School, **or participation by other persons engaging in risky or hazardous activities**

Cornerstone Youth
|| Friday Nights during School Terms 2020 || KYCK Camp (24-26 April 2020) ||
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RISK WARNING

I am aware in signing this document for my participation in the Activity, that certain elements of the Activity may be physically and/or emotionally demanding. I acknowledge that in providing me with this document, the Organisation has warned me that certain inherent physical and/or emotional risks and dangers may exist in the Activity.

I acknowledge that while the Organisation and its staff will make every **reasonable effort to minimise exposure to known risks**, all **hazards** and **dangers** associated with these activities (including but not limited to the risks identified in the Schedule below) **cannot be foreseen** or may be beyond the control of the Organisation and staff. I agree that I understand the general nature of these risks may include:

- physical and/or bodily injury including but not limited to fractures, strains, sprains, lacerations, spinal injuries, partial and/or total paralysis, head or brain injuries, loss of limb or body part; and
- psychological injury, stress and/or emotional distress; and
- associated trauma; and
- death

howsoever caused.

1. I _____ **OR**
2. **please advise relationship if participant under 18** _____
3. **Name of participant if under 18** _____

agree to abide by any safety guidelines and/or written and/or verbal instructions in relation to the Activity as established by the Staff of the Organisation in charge for the duration of the Activity.

I acknowledge that failure to abide by these guidelines could compromise my safety and well-being, other participants and staff. I/My child would then be directed to leave the Activity at my expense.

I acknowledge that the warning contained in this document constitutes a risk warning pursuant to the *Civil Liability Act 2002*.

Signature of adult participant or person with parental responsibility. _____

Date: _____