



UHSC YOUTH SERVICES Excursion Permission Form

Excursion Details: Revolution Trampoline Park

Dear Parent/Guardian, please see below details of an UHSC Youth Services activity.

Excursion Details	
Excursion Outline:	Travel by Trans Care bus/Council Tarago via Scone Youth Centre to Revolution Trampoline Park, Newcastle. Stop along the way for McDonalds
Date:	Friday 14 th July 2017
Destination:	55 The Avenue, Maryville, Newcastle NSW
Travel Arrangements	
Departure Time	9am Murrurundi VIC pick up Scone Youth Centre (SYC) @9:30
Arrival back time:	5-5:30pm @ SYC 5:30/6pm @ Murrurundi VIC. ALL PARENTS/CAREGIVERS ARE TO BE THERE TO COLLECT Young Person. If arrival time changes you will be contacted.
Youth Worker Details:	
Youth Worker In Charge	Felicity Orton - 0447610915
Youth Worker Details	Kathryn Jennett – 0438437082 (MDI) Melissa Welsh – 0417287540 (SCONE)
Participant Details:	
Clothes / Equipment	Comfortable and appropriate clothing for bouncing on Trampolines. Water bottle. SOCKS
Cost per person	\$25 + Money for Maccas or you can pack your own food. Socks are \$2.50 if you don't buy
The excursion will be cancelled at 5:00pm 10/7/17.....if there are insufficient paid attendees	

PRIVACY STATEMENT

The personal information that Council is collecting from you is personal information for the purposes of the Privacy and Personal Information Protection Act 1998. The intended recipients of the personal information are officers within Council; data service providers engaged by Council from time to time; any other agent of Council.

The supply of the information is voluntary. If you cannot provide or do not wish to provide the information sought, Council will be unable to process your application.

You may make application for access or amendment to information held by Council. You may also make a request that Council suppresses your personal information from a public register. Council will consider any such application in accordance with the Act. Council is the agency that holds the information. Enquiries concerning this matter can be addressed to the UHSC Public/Privacy Officer.



Participant Details for returning to Council Office or Youth Workers

Return this section and payment to Council offices or Youth Centre by Monday 10/7/17

Name of Participant:		
Address:		
Home phone & mobile		
Medical conditions & medication		
Medicare Number:		
I give permission for the Upper Hunter Shire Council to use photographs of _____ in media releases and in other forms of publicity such as website and social media. Signed: _____ Date: _____		
In the event of an accident I give permission for my child to be administered First Aid and to be transported to hospital if necessary. I understand every attempt will be made to contact me before acting on this permission. Signed: _____ Date: _____		
Office Use Only: Please take only the Participant Details section of this form and trim with reference to Youth Services. Receipt to code 1780 110 140 Revolution Trampoline Park		



Declaration, Waiver and Indemnity.

This document is to be read in conjunction with the Terms and Conditions.

In consideration of our entry and allowing our school to participate in the Revolution Sports Park Facility, I declare that on behalf of:

Childs Name: Name of School:

1. I waive, release and discharge Revolution Sports Park from all claims or causes of action it may have (including for negligence) arising from any injury, loss or damage of any kind suffered including personal injury, illness or death and/or loss or damage to any property arising either directly or indirectly due to participation in the facility.
2. I acknowledge that activities inside the revolution sports park facility can be hazardous and as a result serious injury including sprained muscles, broken or fractured bones or other physical injuries or death can come as a result.
3. The above mentioned participant is physically fit to take part in activities at the facility, no current or previous medical conditions will affect their participation.
4. All park rules and conditions will be adhered to. The park supervisors reserve the right at their discretion to reject or cancel entry at any time, including but not limited to reasons of safety, insurance, or if in the opinion of the supervisors, the above mentioned participant are unfit to participate in the park activities for any reason.
5. I consent to receive and agree to pay for any reasonable medical treatment for the above mentioned participant (including transport by ambulance) considered advisable by the Revolution Sports Park medical staff, prior, during or after any activities at Revolution Sports Park.
6. Photos, movies or videos may be recorded by Revolution Sports Park of you for security and promotional purposes. I consent to these images and videos being taken and used at the discretion of Revolution Sports Park.
7. I understand that attendance in the park activities is voluntary and exclusively at your own risk and at all times you have the option to withdraw from the activities.



I hereby acknowledge that I have read, understood and accept these terms and conditions and agree to be bound by them in relation to me and any person under my care's attendance at Revolution Trampoline Sports Park.

Waiver & Indemnity in respect of students:

*For children attending Revolution Sports Park activities for a school sporting event, this section MUST be signed by a parent or guardian of the entrant.

I, certify that I am the parent/guardian of the student who will be participating in activities in the park. I confirm that they have my consent to attend and participate in the park activities.

In consideration of accepting the student's application and allowing the student to participate in the Park activities, I hereby agree (on behalf of myself and any student under my care) with Revolution Sports Park: to give the same waiver, release, discharge and indemnity as set out above and that I have read, understood and accept the terms and conditions set out above and agree to be bound by them in relation to the student's attendance at and participation in the Event.

Signature of Parent/Guardian:.....Date:.....