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**Tallangatta Retreat**

Consent Form

Thankyou for your interest in the Girls Stand Strong Retreat, to be held in Tallangatta, Fri 27 – Sun 29 March 2020. This form covers basic contact and medical details so that we can ensure we develop a program that is suitable for you/your child.

Our trainers are qualified fitness and business professionals that have a particular interest in promoting healthy lifestyles, body awareness and friendships. We are not qualified in youth work or counselling. If your child has particular medical or mental health concerns/needs we would prefer to discuss these with you prior to registration and/or attendance.

**PERSONAL INFORMATION**

|  |  |  |
| --- | --- | --- |
| Name: | Age: | DOB: |
| Gender: Male / Female / Neutral (Please specify preferred pronoun) | | |
| Address: | | |
| Phone: (H) (Mob) | | |
| Email: | | |
| Emergency Contact: (Name) (Ph) | | |

**MEDICAL INFORMATION**

Have you ever had or do you have:

|  |  |  |
| --- | --- | --- |
|  High Blood Pressure or High Cholesterol   Pain/Tightness in the Chest   Heart/Stroke Condition   Asthma or Breathing Difficulties |  Arthritis or Back Pain   Muscular pain/cramps   Liver/Kidney Condition   Stomach Ulcer |  Diabetes   Epilepsy   Gout   Hernia  |

Are you pregnant, planning to become pregnant, or have given birth in the last 8 weeks? Yes / No

Do you have a family history of heart disease, stroke or high cholesterol levels in relatives under the age of 65? Y/N

Do you have any injuries that may hinder your participation in an exercise program? Y / N

If yes, please describe the injury: …………………………………………………………………………………………………………………………………

Have you ever had any major surgery? Y / N If yes, please describe: ……………………………………………………………………………………………………………………………………………………………………………………..

Do you have, or have you had, any recent infections or infectious diseases? Yes / No If yes, please describe: ……………………………………………………………………………………………………………………………………………………………………………………..

When was your last medical check up?............................ Regular Doctor:……………………………………………………………………

Are you currently taking any medication? Y / N

If yes, what condition & medication are you taking?.........................................................................................................

Are there any other conditions (physical and/or psychological) which may limit your involvement in this program? ……………………………………………………………………………………………………………………………………………………………………………………..

**EXERCISE**

Do you engage in any regular exercise/sport? Yes / No

If yes, please describe:…………………………………………………………………………………………………………………………………………….……

What types of sport/exercise do you most enjoy?

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What types of sport/exercise do you least enjoy?

……………………………………………………………………………………………………………………………………………………………………………………..

Please rate your swimming ability: poorfair good excellent

**FOOD**

Please detail any food intolerance or diet restrictions

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**PARTICIPATION & PAYMENT**

Your child’s spot at the retreat is not confirmed until the deposit of $50 has been paid. Total cost for the retreat is $280. Please read the Payment Terms and Conditions document available on this website for key payment dates, and further information on payments, refunds and further information.

Bank Details:

Acct name: Girls Stand Strong

BSB: 640 000

Acct: 111 271 546

Please include your name as a reference. To discuss payment options please call Kirsty on 0408 614 16.

There is an expectation that participants will be responsible for their welfare & safety, respectful of others, and participate in all planned activities. Any unacceptable behaviour will not be tolerated and, in extreme cases, may result in parents being requested to collect their child.

More information on what to bring, times, location etc. is available on the Agenda and Further Information document available on our website.

**CONSENT**

This information will be used to help determine a safe program that will meet the needs of the participant. Your safety and enjoyment is our primary concern. If there are any changes to your medical condition, please advise Girls Stand Strong so that adjustments can be made to the program as required.

Should, at any time during exercise you experience pain or a medical condition, Girls Stand Strong advises that you/your child cease the exercise immediately, and seek assistance.

Participation of some activities in the retreat involves inherent risks that may include the possibility of injury or death. The possibility of experiencing all or some of these risks is likely to be higher if participation involves undertaking adventure-based activities, or entering environments where there is dangerous wildlife. It is you/your child’s responsibility to accustom themselves with the risks, ensure that appropriate gear and precautions are exercised when undertaking these activities, and to follow trainer instructions at all times.

A good level of swimming ability will be required for girls to participate in water-based activities. Where appropriate, life jackets will be supplied. By signing this form you agree you/your child is permitted to undertake water-based activities, unless you advise Girls Stand Strong otherwise.

By signing this form, you withdraw the right to make any claim of any kind against Girls Stand Strong for any injury or illness arising from participation in any activities, exercise or advice given by Girls Stand Strong.

By signing this form you also acknowledge that you have read, understood, and agree to be bound by the Booking Conditions detailed in the Payment Terms and Conditions document available on this website.

Signature of Participant: Date:

Name of Parent/Guardian:

Signature of Parent/Guardian: Date: