



# OVERNIGHT CAMP PERMISSION FORM

1 DETAILS	
NAME OF CLUB ENTITY	TITLE OF CAMP PROGRAM
PURPOSE OF THE OVERNIGHT ACTIVITY	
DETAILS OF SUPERVISING STAFF	COSTS
NAME AND CONTACT DETAILS OF THE SUPERVISOR EMERGENCY CONTACT	

2 CAMP DETAILS	
DEPARTURE DETAILS	RETURN DETAILS
DEPARTURE DATE	RETURN DATE
TIME	TIME
LOCATION	LOCATION
DISTANCE FROM EXPERT MEDICAL CARE	
ACCOMMODATION ARRANGEMENTS (ACCOMMODATION TYPE AND LOCATION)	TRAVEL ARRANGEMENTS (CAR, PLANE, BUS, ETC)
ADVENTURE ACTIVITIES TO BE UNDERTAKEN OR THAT MAY BE OFFERED TO PARTICIPANTS THROUGHOUT THE PROGRAM	ACTIVITIES WITHIN THIS PROGRAM PRESENT THE POTENTIAL FOR PARTICIPANTS TO SUSTAIN PHYSICAL INJURY. THE FOLLOWING PROCEDURES WILL BE IMPLEMENTED - ALONG WITH OTHER STRATEGIES - TO MANAGE THE POTENTIAL RISKS IN THE PROGRAM.  A risk management plan for this program has been developed by staff and is available for parents to review on request.
ATTACHMENTS	
<input type="checkbox"/> Daily itinerary <input type="checkbox"/> Clothing list <input type="checkbox"/> Further location descriptions (if applicable)	
<input type="checkbox"/> Group equipment list (if relevant) <input type="checkbox"/> Medical form <input type="checkbox"/> Travel permission form (if applicable)	



**PARTICIPANT BEHAVIOUR**

'I understand that in the event of my child's misbehaviour or behaviour that poses a danger to himself/herself or others during the excursion, he/she may be sent home. I further understand that in such circumstances I will be informed and that any costs associated with his/her return will be my responsibility.'

**PARTICIPANT ILLNESS**

'I understand that in the event program staff determine it is necessary for my child to be sent home early due to illness, any cost associated with his/her return will be my responsibility.'

**CANCELLATIONS OR ALTERATIONS**

'I understand that the event leader may need to cancel or alter excursion arrangements at short notice, for safety reasons or due to circumstances beyond the control of the entity, and while the event leader will try to minimise inconvenience or financial losses to parents, these may be unavoidable.'

**PARTICIPANT ACCIDENT INSURANCE AND AMBULANCE COVER**

The AFL National Risk Protection Program (AFL NRPP) provides various covers to Australian Football associations, clubs and participants. It is your responsibility to confirm with the AFL entity, Club or association responsible for this activity as to whether participants of this activity are covered under the AFL NRPP and the types and level of cover provided. It is also strongly recommended that parents and participants consider their own personal needs in respect of procuring personal insurance cover and/or ambulance subscription.

**3 PARENT/CARER CONSENT**

I have read all of the above information provided by the AFL/Club Entity in relation to the \_\_\_\_\_ including any attached material. INSERT PROGRAM NAME HERE

I give permission for my child \_\_\_\_\_ to attend.  
FULL NAME

Parent/carer: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
FULL NAME SIGNATURE DATE