



# BLUE LIGHT SOCIAL CIRCUIT

## Parent Consent Form

**THIS FORM MUST BE SIGNED AND RETURNED PRIOR TO THE ATTENDANCE**

The Blue Light Social Circuit is a safe and welcoming place for young people to hang out, socialise, and participate in supervised drug and alcohol-free activities that promote wellbeing and social connection. The Social Circuit allows volunteer mentors and local police to connect with the youth, build relationships, and address any issues or concerns they may have.

The Charleville Blue Light Social Circuit will be held at the Charleville Racecourse every Wednesday after school (3pm to 4.30pm) and is for students aged 11-18. The facility has a large indoor space with a kitchen, toilets, and access to outdoor grassed and undercover areas. All activities conducted will be low risk and each branch will offer something different. Activities may include board games, pool, free Wi-Fi, card games, video games, air hockey, movies, table tennis and chill-out lounges.

*Before attending the Blue Light Social Circuit, please complete the information below and return to the Blue Light branch or local Police Station.*

### PARTICIPANTS DETAILS

Participants Full Name			
Participants Home Address			
Participants Mobile No			
Participants Date of Birth		Age	
Participants School <i>(if applicable)</i>		Year Level	

### HEALTH AND MEDICAL INFORMATION

We aim to make activities inclusive, while maintaining safety. Please complete the information below so we have a better understanding of the needs of each participant.

Does your child have any dietary requirements?					
Does your child have or ever had any of the following conditions? (please tick all that apply)					
Allergies/Anaphylaxis	<input type="checkbox"/>	Asthma / Respiratory issues	<input type="checkbox"/>	Back problems	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>	Heart disorder	<input type="checkbox"/>
Joint /Muscle injury	<input type="checkbox"/>	Physical disability	<input type="checkbox"/>	Self-harm	<input type="checkbox"/>

If you ticked any boxes or if there are any other medical conditions, we should be aware of, please provide details.

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**PARENT/GUARDIAN DETAILS** (*if the participant is under the age of 18, please complete the details below*)

Parent/Guardian Full Name:	
Parent/Guardian Phone:	
Parent/Guardian Email:	
Relationship to participant:	

**EMERGENCY CONTACT DETAILS** (*someone we can contact in the case of an emergency*)

Emergency Contact Full Name:	
Emergency Contact Phone:	

**PARTICIPANT/PARENT OR LEGAL GUARDIAN CONSENT**

To give consent to participate in this program, the participant/parent or legal guardian must agree to all the following statements: -

- Understand that if the participant suffers any injury or illness, the participant agrees that QLD Blue Light may provide evacuation, first aid and medical treatment at the participant's expense, and the participants acceptance of these terms and conditions constitutes the participants consent to such evacuation, first aid and/or medical treatment.
- except to any extent caused by its own negligence, waives any right to claim against QLD Blue Light or its partners or their respective staff for any personal injury, or for loss or damage to property in connection with the participant's participation in an activity.
- Agree to release, indemnify and save harmless; and at all times hereafter to keep released, indemnified and save harmless the participants name stated above from and against all liability, claims, suits, demands or actions of whatsoever nature or description, including liability, claims, suits, demands or actions for negligence directly or indirectly arising out of or in relation to attendance or conduct at, or travel to or from any Blue Light activity;
- All accidents, injuries, loss, or damage must be reported by the participant to QLD Blue Light as soon as practicable.
- Understand that photos/images/videos may be used in media releases, website, or promotional materials. This enables us to raise the profile of Blue Light programs in the community. If you do not wish for this to occur, tick the box below.

I DO NOT want photos used for marketing and promotional purposes.

PARENT/GUARDIAN

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(Print Full Name)

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Signature

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Date

