



**Queensland  
Blue Light  
Association Inc**

**QBLAI  
EDGE**

**STUDENT ENROLMENT**



Local Drug Action Team Program



EDUCATE  
DEVELOP  
GROW →  
EMPOWER

An Australian Government Initiative

**Educate : Develop : Grow : Empower**



# BLUE EDGE ENROLMENT FORM

## EDUCATE.DEVELOP.GROW.EMPOWER

The purpose of this form is to provide a written source of information about individuals who are participating in activities provided by the QBLAI. It is essential that this form is completed fully and all relevant information is supplied. This document will be required in the event of an emergency and will also assist staff to understand the special needs that the participant may have.

This information is **confidential** and access is restricted to program staff, except in cases where harm or loss is likely to occur without disclosure of this information.

### PARTICIPANT DETAILS

Participant Name \_\_\_\_\_

Gender (please tick)  Male  Female  Unspecified      Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_      Age \_\_\_\_\_  
Grade \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_  
\_\_\_\_\_ Email \_\_\_\_\_  
\_\_\_\_\_

CIRCLE

Shirt Size (10) (12) (14) (S) (M) (L) (XL) (2XL)(3XL) (OTHER\_\_\_\_) **Size**

Do you enjoy participating in school sport? YES / NO

If Yes which are your favourites? \_\_\_\_\_  
\_\_\_\_\_

What do you see yourself doing after leaving school? \_\_\_\_\_

Choose an ideal career for the future? \_\_\_\_\_



**PARENT / LEGAL GUARDIAN CONTACT DETAILS**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Daytime Telephone \_\_\_\_\_

\_\_\_\_\_ After Hours Phone \_\_\_\_\_

\_\_\_\_\_

**ANY SPECIAL DIETARY REQUIREMENTS**

\_\_\_\_\_  
\_\_\_\_\_

**SWIMMING ABILITY (please tick)**

Unknown    Unable to swim    Poor swimmer    Can swim 50 mtrs    Can swim over 50 mtrs

**HEALTH AND MEDICAL INFORMATION**

The more information that is supplied here, the better able we are to meet the needs of the participant. We aim to make activities inclusive, not exclusive, while maintaining safety. If the space provided is inadequate for a complete description, or there is any other medical condition we should be aware of that is not covered here, please provide details on a separate sheet of paper and attach it to this form.

**Does the participant have (or ever had) any of the following conditions? (please tick)**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Allergies      | <input type="checkbox"/> Heart disorder          | <input type="checkbox"/> Physical/sensory disability |
| <input type="checkbox"/> Asthma         | <input type="checkbox"/> Joint damage            | <input type="checkbox"/> Learning difficulty         |
| <input type="checkbox"/> Back problems  | <input type="checkbox"/> Muscle damage           | <input type="checkbox"/> Mental illness              |
| <input type="checkbox"/> Blood disorder | <input type="checkbox"/> Phobias                 | <input type="checkbox"/> Self-harmed                 |
| <input type="checkbox"/> Diabetes       | <input type="checkbox"/> Respiratory Problems    | <input type="checkbox"/> Other recent illness        |
| <input type="checkbox"/> Drug Reactions | <input type="checkbox"/> Intellectual disability |  |
| <input type="checkbox"/> Epilepsy       |  |  |

If you answered yes to any of the above, please supply full and complete details.

\_\_\_\_\_  
\_\_\_\_\_

List any current medications you are on.

\_\_\_\_\_



**TO BE READ AND SIGNED BY THE PARTICIPANT  
ALSO TO BE READ AND SIGNED BY PARENT/GUARDIAN IF PARTICIPANT IS UNDER 18 YEARS**

I/we hereby certify that all details I have provided on this form are true and correct. I understand and agree that:

- This activity is 100% drug and alcohol free.
- Safety is the highest priority and that behaviour which compromises safety is unacceptable.
- Failure to follow instructions may result in exclusion from the activity.

I/we the undersigned being the participant/parent/legal guardian of the above-named participant, acknowledge that all activities entered into by myself/my son/my daughter/my ward contain an element of risk and I/my son/my daughter/my ward must take reasonable care whilst participating in activities.

I/we understand that activities may include running, jumping, water, climbing, ascending/descending ropes, use of specialised adventure equipment and may take place in a rural, remote or natural environment.

I have read and understood the participant equipment list and will ensure that myself/my son/my daughter/my ward attends with all items required.

I/we further authorise QBLAI to obtain all necessary medical treatment which may be required by me/my son/my daughter/my ward including any anaesthetic or surgical attention which may be prescribed by an appropriately qualified medical practitioner. I/we acknowledge that the costs of any such treatment, including evacuation and transport, shall be my/the participants responsibility solely.

I/we authorise QBLAI to use photos/images of myself/my son/my daughter/ my ward in any media release, website or promotional materials.

<b>PARTICIPANT</b>	_____	_____	____/____/____
<b>(always required)</b>	<b>Print Name</b>	<b>Signature</b>	<b>Date</b>
<b>PARENT/GUARDIAN</b>	_____	_____	____/____/____
<b>(if participant</b>	<b>Print Name</b>	<b>Signature</b>	<b>Date</b>
<b>Under 18)</b>			

**IF YOU REQUIRE ADDITIONAL INFORMATION OR THERE ARE CHANGES TO THE PARTICIPANT'S HEALTH PRIOR TO THE PROGRAM, CONTACT LEANNE DAY - [Day.Leanne@police.qld.gov.au](mailto:Day.Leanne@police.qld.gov.au).**



# F.A.Q

## for parents and caregivers

### **What does Blue EDGE stand for?**

Educate Develop Grow and Empower our youth.

### **What is Blue EDGE about?**

Blue EDGE is a program of physical training designed to extend a young person's mind and physical capacity. The program includes career education, motivational speakers and mentors with a view to having youth actualise their potential.

The program runs for 8 weeks, with two training sessions per week to build routine. It finishes after the 8<sup>th</sup> week with a graduation day named 'The Final EDGE'. During the Final EDGE, each young person will engage in physical activities as an individual and a team member, and celebrate their completion of the program.

The objectives of the Blue EDGE program are to assist and support local youth and instil mind and body discipline. With this it will build team cohesion, spirit and an awareness of their ability to achieve beyond their own expectations. It is designed to give youth basic discipline and guidelines outside of the home environment.

### **Who is running Blue EDGE?**

Police, local school staff and Blue Light volunteers will be responsible for co-ordinating and running this program.

### **How long does Blue EDGE go for?**

Blue EDGE runs for 8 weeks. During which there are two 30-40-minute fun and challenging training sessions per week.

### **Will it cost me anything?**

No. All students selected will be provided, at no cost to them, with a complete meal following each session.

### **Is there a requirement for me to do anything?**

When the students are selected, we may be calling for parent/caregivers of those participants to assist us with preparation and cooking of the meals. The participants will be responsible for setting up and cleaning down of all tables and chairs, including all dishes.

### **Where and when will it be held?**

Beginning on Tuesday 08 October 2019, the sessions will be held at Blue Light Boxing Gym - Showgrounds. Time is 7:00AM. We expect the students to arrive at the gymnasium prior to this at 6:50AM to get dressed and be ready to exercise at 7:00AM SHARP.

### **What happens on the 'Final EDGE'?**

The Final EDGE occurs on the last day of the course, Thursday, 28 November 2019, where the participants will pass physical goals as an individual and as a team member. Following this, the final event involves coming together of the students where the respective family and care givers are waiting to congratulate them and observe the achievement of completing their course with small graduation lunch/dinner.

### **How are the participants chosen?**

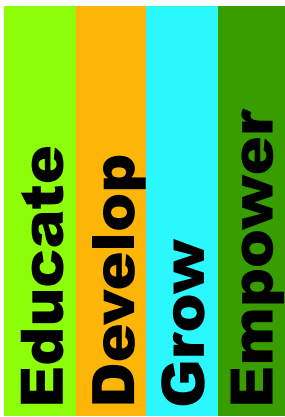
A group of 16 - 20 students will be selected for this Blue EDGE program. School and Blue Light staff will be primarily responsible for selecting these students. They will be looking for those students who will gain most from participating in such a program.

### **When do the applications need to be completed?**

Applications need to be returned to the school by Friday, 30 August 2019

### **How will Blue EDGE impact on schooling or other sport commitments?**

All sessions, including The Final EDGE, are held outside of normal school hours. The sessions are hard and physical and will leave participants tired. In saying this, Blue EDGE will not be an acceptable excuse for being tired at school and not completing their normal school workload. Should your young person be tired and falling asleep at school then they simply need to go to bed earlier each night in preparation. We encourage participants to undertake other sporting and cultural activities outside of Blue EDGE. Where needed, attendance at Blue EDGE will be excused to allow them to attend bona-fide sport, school and cultural activities where necessary.



# EDGE

1 & 1/2 hours per day x 2 days  
per week x 8 weeks.



Arrive at venue on time,  
change into **EDGE** workout gear,  
ready for 30 - 45 minutes of physical  
activity. This will be **FUN** and **CHALLENGING!**



● Hit the showers,  
change into a clean school  
uniform ready for the day ahead.



**Breakfast. Yum! The most  
important meal of the day. Healthy,  
hearty food to power your mind and body.**

● **Interactive mentoring  
& life skills sessions by Police  
Officers & community role models.**



**Go to school.  
Energised mind and body.**



**PRIDE**  
**ENCOURAGE**  
**POWER**  
**STRENGTH**

**EDUCATING** **ACHIEVE**

# **BLUE EDGE**

**FOCUS** **EMPOWERING** **DEVELOPING**  
**DEDICATION**

**TEAMWORK**  
**ENERGY**  
**GROW**  
**EMPOWERING**

