

The Crossing Registration & Medical Form

The Crossing is in bushland, 6km from the small town of Bermagui. Many course journeys and tours involve time in remote areas. Please complete this registration form fully as we want to make sure you are as safe as possible.

Privacy: This information is for emergency response or if we need to contact you for follow-up.

Participant Details: Name of the program you are doing:

Full Name: School:

Address: Post Code:

Home Phone: Mobile:

Email: Birth Date: Medicare No.:

(Tick those which apply) FEMALE MALE VEGETARIAN VEGAN GLUTEN FREE DAIRY FREE NUT FREE

Emergency Contact Person During Course (if participant is under 18 this must be a Parent or Guardian)

Full Name: Relationship:

Day Phone: () Night Phone: ()

Mobile: Email:

Agreement to Conditions of Participation

I am aware that The Crossing Land Education Trust's sustainability education courses and landcare journeys may have risks and dangers that are greater than those normally faced at home or school. Those extra risks and dangers may include: physical exertion for which I may not be prepared, difficult access for medical services, environmental hazards related to vegetation/terrace (eg: falling, drowning) and insects/animals (eg: bites, stings) and hazards associated with bike and canoe equipment use and tool use (eg: cuts, grazes, blisters, impact trauma)

I agree to:

- lend a hand and assist staff to ensure a safe, happy and hygienic team environment
- notify any relevant medical conditions and pre-existing injuries on this form and I consent to staff rendering or authorising such medical treatment and emergency evacuation services as are necessary and reasonable for my safety and I accept responsibility for all associated expenses including lost or damaged personal gear.
- respect the rights, feelings and property of all others associated with The Crossing and it's courses
- not consume or store alcohol or illicit drugs, not smoke and not have knives, weapons or spray cans including spray deodorant (allergy risk)
- the use of my written or recorded feedback, as well as photographs and video taken of me in association with activities of The Crossing for publications or promotional materials of The Crossing or its founders for purposes of fundraising or education.

I understand that if I do not meet these conditions I would be asked and expected to leave the course and that I would forfeit all fees, goods and services associated with the course.

Signature:

Date:

(If participant is under 18 this must be signed by above parent/guardian emergency contact)

MEDICAL INFORMATION (If participant is under 18 this information must be completed by a parent or guardian)

Allergies? Yes No If Yes:

To what substances

What Reactions?

Treatment?

Asthma? Yes No f Yes: require Asthma Medication most weeks? Yes No
 required urgent medical attention in the past year? Yes No

How to prevent attack?

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Warning signs for start of attack?

How to relieve attack?

Participants with asthma must *bring enough medication* and keep it in their day pack to travel with them at all times.

Diabetes? **If Yes:**

Optimal blood sugar range & rest level?

Insulin use times?

Warning signs for low blood sugar?

How to relieve hypo?

Participants with diabetes must *bring their own extra food, glucometer and emergency glucose injection kit in their day pack*

Epilepsy? **Yes** **No** **If Yes:**

Lead up symptoms?

Episode length&frequency?

Best management/Medication?

Other medication? **Yes** **No** **If Yes: Details & best management:**

Any hip, knee or ankle injury? **Yes** **No** **If Yes please tick:** **Left** **Rig**

Current condition?

Treatment?

Migraines or headaches? **Yes** **No** **If Yes:**

Triggers?

Symptoms?

Treatment?

Sleep walking? **Yes** **No** **If Yes, Details and best management:**

Other physical needs (eg back problems, poor eyesight)? **Yes** **No** **If Yes, Details and best management:**

Recent illnesses or injuries not covered in an earlier question? **Yes** **No** **If Yes, Details and best management:**

Emotional or behavioural additional needs? **Yes** **No** **If Yes, Details and best management:**

13. Swimming ability? **UNABLE TO SWIM** **POOF** **GOOI** **(Please tick one only)**

Unable: no strokes beyond dog paddle. **Poor:** basic strokes with only limited experience in still water such as a swimming pool.
Good: strong swimmer, able to confidently swim in a variety of water conditions, surf beaches, lakes and rivers.