

COVENANT FOOD & YOUTH OUTREACH

Participation Agreement

This Agreement is between **Covenant Food & Youth Outreach** ("the Organisation") and the Participant named below.

Section 1: Participant Details

Participant Name	_____
Date of Birth	___ / ___ / _____
Age	_____
Address	_____
Program(s)	☐ Music Program ☐ Sports Program (Touch Rugby) ☐ Both
School / Occupation	_____

Section 2: Parent/Guardian Details (If Participant is Under 18)

Parent/Guardian Name	_____
Relationship to Participant	_____
Phone	_____
Email	_____
Emergency Contact Name	_____
Emergency Contact Phone	_____

Section 3: Consent

I, the Participant (or Parent/Guardian on behalf of a Participant under 18), acknowledge and agree that:

- ☐ I have read and agree to abide by the Code of Conduct.
- ☐ I understand that participation in physical activities (sports) and creative activities (music) carries inherent risks, including the risk of injury.
- ☐ I voluntarily assume all risks associated with participation and release Covenant Food & Youth Outreach, its staff, volunteers, and partners from any liability for injury or loss, except where caused by the Organisation's negligence.
- ☐ I consent to the Participant receiving emergency medical treatment if required.
- ☐ I have disclosed any medical conditions, allergies, or injuries that may affect the Participant's ability to safely participate (see Section 4).
- ☐ I consent to the Participant being photographed or filmed for promotional purposes (optional): ☐ Yes ☐ No
- ☐ I agree to notify the Organisation of any changes to the Participant's medical or contact information.

Section 4: Medical Information

Does the Participant have any medical conditions, allergies, or injuries we should be aware of?

☐ No ☐ Yes (please specify): _____

Does the Participant take any medication?

☐ No ☐ Yes (please specify): _____

Does the Participant have any dietary requirements?

☐ No ☐ Yes (please specify): _____

Section 5: Emergency Contact

If the Organisation cannot reach the Parent/Guardian in an emergency, please contact:

Name	_____
Relationship	_____
Phone	_____

Section 6: Signature

Participant Signature (if 18 or over): _____ **Date:** ____ / ____ / ____

Parent/Guardian Signature (if Participant is under 18): _____
Date: ____ / ____ / ____

Print Name: _____

For Office Use Only

Date Received	____ / ____ / ____
Processed By	_____
WWCC Verified (Volunteers Only)	☐ Yes ☐ No