



ACTIVE LIFE MINISTRIES MINISTRY & ACTIVITY CENTRE

Activity Consent Form – Indoor Archery

<Insert date>

Dear Parent/Guardian,

We will be participating in indoor archery lessons at 'Active Life Ministries – Ministry and Activity Centre' as part of our school PE program.

The aims of the activity are to:

- develop the specialised movement skills of: stance; nocking the arrow; string hand alignment; bow hand alignment; drawing the bow; anchoring; target alignment; releasing the arrow; follow through; and relaxing
- perform different roles, such as shooter or scorer
- apply principles of fair play within the rounds of shooting and scoring
- identify strategies to be achieve successful shots on target
- develop and apply safe shooting practices

Activity details:

- Date/s: <XX/XX/16>
- Time: <XX:XXpm-XX:XXpm>
- Location: Active Life Ministries – Ministry and Activity Centre: Shed 11 – Industrial Ave, Caboolture South, QLD 4510
- Students will be participating in indoor archery lessons
- This activity is considered a high risk activity
- Students will be provided with a recurve bare bow, arm guard, finger glove, and safety instructions
- Students will be located indoors in the 'Active Life Ministries – Ministry and Activity Centre: Indoor Archery Range'
- The archery lessons will be officiated by 'Active Life Ministries – Ministry and Activity Centre: Staff' and supervised by <name of school> teacher/s <name of teacher>
- All students and teachers must complete the 'Active Life Ministries – Ministry and Activity Centre: Indoor Archery – Safety and Induction Course' before lessons can commence
- All students must wear fitted clothing (e.g. school sports uniform), enclosed shoes (e.g. school sports shoes), remove all jewelry, and have hair tied back from the face
- Students should also bring a water bottle
- <name of school> teachers will notify 'Active Life Ministries – Ministry and Activity Centre: Staff' of any students with medical requirements e.g. due to conditions such as diabetes, asthma, allergies or anaphylaxis

Activity Costs:

- \$7.00 per student per session for <4> sessions, or a total of <\$28.00>



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If you wish for your child to participate in the activity, please complete this consent form and return all pages to:

<Insert name of school's contact and contact details>

For further information about the activity, please contact <name of contact at school> on <insert telephone number and email>.

Yours sincerely

< **Teacher's/Coordinator's name** >
<Teaching/Coordinator's position>
<Name of School>



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Privacy Notice

'Active Life Ministries' is collecting the personal information requested in this form in order to:

- obtain lawful consent for your child to participate in the activity;
- help coordinate the activity;
- respond to any injury or medical condition that may arise during, or as a result of the activity

The information will only be accessed by authorised staff and will be dealt with in accordance with the confidentiality requirements of s.426 of the Education (General Provisions) Act 2006 (Qld) and the Information Privacy Act 2009 (Qld).

The information will not be disclosed to any other person or agency unless it is for a purpose stated above; the disclosure is authorised or required by law; or you have given 'Active Life Ministries' permission for the information to be disclosed.

Activity Risks & Insurance

Please note that 'Active Life Ministries' does not have personal accident insurance cover for students. If your child is injured as a result of an accident or incident while participating in the activity, all costs associated with the injury, including medical costs are the responsibility of the parent/guardian. Some incidental medical costs may be covered by Medicare. If you have private health insurance, some costs may be also be covered by your provider. Any other costs must be covered by parents/guardians. It is up to all parents/guardians to decide what types and what level of private insurance they wish to arrange to cover their child. Please take this into consideration in deciding whether or not to allow your child to participate in this activity.

Consent

By signing this form (below) I agree that:

- I have read all of the information contained in this form in relation to the activity (including any attached material) and I am aware that 'Active Life Ministries' does not have personal accident insurance cover for students.
- I give consent for my child, _____ in class _____, to participate in the 'Active Life Ministries – Ministry and Activity Centre: Indoor Archery Program' on **<insert date/s of activity>**.
- I will pay to the school the costs detailed above for my child's participation in the activity.
- In the event of an accident or illness, staff may obtain or administer any medical assistance or treatment my child may reasonably require, including contacting my child's doctor.
- I accept liability for all reasonable costs incurred by 'Active Life Ministries' in obtaining such medical assistance or treatment (including any transportation costs) and undertake to reimburse 'Active Life Ministries' the full amount of those costs.
- I have provided the school all relevant details of my child's medical or physical needs on enrolment and where relevant have updated this information.

Parent/Guardian Name: _____ (Please Print)

Parent/Guardian Signature: _____ Date: ____/____/____