



rites together
WESTERN AUSTRALIA

ABN: 974 007 720

*Supporting our young people on their journey from
childhood to responsible adulthood*

rites together PARTICIPANT INFORMATION FORM

Date of intended Event

Name of attendee (father)

Address

State Postcode

Mobile Phone..... Date of Birth

Email.....

(If applicable) Name of attendee (Boy).....

Address

State Postcode

Mobile Phone..... Date of Birth

Email.....

(If applicable) Name of attendee (Mother).....

Address

State Postcode

Mobile Phone..... Date of Birth

Email.....

Emergency contact person:

Name

Phone number

Email



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rites together CONFIDENTIAL MEDICAL FORM

Name

Are you under the care of a physician? (Please tick) Yes No

If under the care of a physician have you described this program to the physician and discussed your plans to participate? (please tick) Yes No

Does your physician approve of you participating? (please tick) Yes No

Please describe any discussions you've had:

Are you seeing a psychologist/ therapist at present? Yes No

Would your therapist disapprove of you entering this activity? If yes, please describe why:

Do you have any history of emotional or psychological problems? If yes, please describe:

Please list any medications you are taking for psychological problems:

Do you have any medical condition that would make it difficult for you to walk up to 5kms across moderate terrain or take part in gentle morning exercises? YES/NO

If YES please give details

Do you have any medical condition that we need to be aware of or are you on any medication? YES/NO

If YES please give details



**rites TOGETHER LTD
WESTERN AUSTRALIA**

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Do you have any dietary needs? YES/NO

If YES please specify

Details of person to be contacted in case of emergency

Name

Phone: Home Work Mobile

I hereby declare that the above information is true and correct

Name..... Signature

Date:

This form will be held only by the camp coordinator and First Aid officer on training in a confidential place. Post camp the forms will be filed for the statute period with the RT directors in a confidential locked filing cabinet. None of the information will be divulged to any party other than for a medical emergency.