

YOUTH GROUP LOW RISK ACTIVITY INTENTION

Picnic  Walk  Visit to town  Visit a group

Other  Please describe: .....

Activity Details

Location of activity .....

Start time ..... and date .....

Return time ..... and date .....

Contact Details and Emergency Procedure

Activity Leader Name: .....

Address ..... Home ph .....

..... Work ph .....

..... Cell ph.....

Names of leaders who will be assisting:

.....

.....

Please ensure all adults taking vehicles have current licence, wof, reg and seat belts.

Adult with current First Aid Certificate: Yes/No

Number of youth .....

Adult to youth ratio: ..... 1-4 water 1-6 high risk 1-8 low risk

Completed Risk Analysis Form

Risk, dangers to avoid

Minor Accidents .....

Severe Accidents – specify .....

Lost Youth .....

Vehicle Breakdown .....

Others .....

Management of Risks and Dangers

Have pre arranged procedure for accident/emergency.

Cell phone/contact numbers

First Aid kit

Others .....

Approval

I accept responsibility for this activity .....

Date .....

YOUTH GROUP HIGH RISK ACTIVITY INTENTION

Day Hike  Tramping  Camping  Water Activity

Other  Please describe: .....

Activity Details

Location of activity .....

Start time ..... and date .....

Return time ..... and date .....

Contact Details and Emergency Procedure

Activity Leader Name: .....

Address ..... Home ph .....

..... Work ph .....

..... Cell ph.....

Home Based Contact Person

Name: .....

Address ..... Home ph .....

..... Work ph .....

..... Cell ph.....

Emergency Procedure

The contact person is to notify the appropriate people if the party has not made contact

by: Time: ..... Date: .....

Names of leaders who will be assisting:

.....

.....

Please ensure all adults taking vehicles have current licence, wof, reg and seat belts.

Name of adult holding current First Aid Certificate: .....

(compulsory requirement)

Number of youth .....

Adult to youth ratio: ..... 1-4 water 1-6 high risk 1-8 low risk

Completed Risk Analysis Form

Risk, dangers to avoid

Minor Accidents .....

Severe Accidents – specify .....

Lost Youth .....

Vehicle Breakdown .....

Others .....

Management of Risks and Dangers

Have pre arranged procedure for accident/emergency.

Cell phone/contact numbers

First Aid kit

Others .....

Approval

I accept responsibility for this activity .....

Date .....

#### CHECK LIST TO BE COMPLETED 1 WEEK BEFORE THE ACTIVITY

- The Activity Leader or other adult accompanying the party has experience in this activity.
- The activity is within the capabilities of all members of the party.
- All members of the party have received a personal gear list.
- The party has organised a cell phone.
- There is a competent First Aid person in the party.
- If tramping the arrangements for clean drinking water are:
  - Tablets            Filtering            Boiling
- The campsite, if any, has been verified as being suitable for the activity eg, flooding, wind etc.