

Sydney Branch Surf Life Saving
Under **13** years Regional Development Camp
To be held at Deer Park **30th Nov - 2nd Dec 2012**

2012-2013

Application Form

Club _____ Minder / Official []

Name _____

Address _____

Date of Birth _____ Male [] / Female [] Please Tick

Parents / Guardian Name _____

Contact Phone Number _____

Mobile Phone Number _____

Name of Friend who you want to share a room with _____

On the Saturday you will be participating in group activities at the camp site, you will be doing 3 activities and they are listed below: we need you to choose in order of preference 1 to 4 activities and we will do our utmost to make sure you get at least 2 of your selection preferable all 3 the 4th is spare just in case.

Activities run by professional Deer Park Staff

Activity Name	Preference Preference 1 to 4
Archery -	[]
Canoeing -	[]
Low Ropes Obstacle Course	[]
Indoor Rock Climbing -	[]
Abseiling Tower -	[]
Pool etc. -	[]

I, _____, being the legal parent or guardian of the above mentioned participant, give permission for them to attend the camp and participate in the above Deer Park provided activities as well as the Surf life Saving Australia activities as per the branch program.

Signed: _____ Date: _____



youthworks.net

Sample Health Form

In Accordance with the Commonwealth Privacy Act 1988, Anglican Youthworks gives assurance that any personal information including medical details gathered by the campsite, or provided by the group leader, will remain confidential and only used for the purposes for which it was collected.

Name: _____

Date of Birth: _____ Sex M / F

Address: _____

School/Group: _____

Suburb: _____ Post Code: _____

Home Ph: (____) _____

Medicare No.: _____ Card Ref No.: _____

Card Expiry Date: _____

Health Insurance Co.: _____

Number: _____

Family Doctor: _____

Phone No.:(____) _____

Date of Last Tetanus Booster: _____

Emergency Contact 1: _____

Relationship _____

Contact Numbers: Work:(____) _____

Home:(____) _____

Emergency Contact 2: _____

Relationship _____

Contact Numbers: Work:(____) _____

Home:(____) _____

Does this person suffer from, or is limited in their participation in activities, by any of the following?:

If "Yes": Details (eg medications, treatments, triggers etc.)

1. Respiratory Conditions

a) Asthma – Yes / No

If Yes complete Asthma Management Plan

b) Other – Yes / No : Details - _____

2. Allergies (eg to foods, drugs, environment, animals etc..) – Yes / No: Details - _____

3. Muscular/Skeletal Conditions (eg Back Problems, Ankle Sprains, Joint Dislocations etc.) - Yes/No:

Details - _____

4. ADD/ADHD - Yes/No: Details - _____

5. Diabetes - Yes/No: Details - _____

6. Epilepsy or Seizures - Yes/No: Details - _____

7. Headaches/Nose Bleeds – Yes/No: Details _____

8. Heart Problems -Yes/No: Details - _____

9. Other (incl Fears/Phobias) - Yes/No: Details - _____

Other Illnesses, Operations or Hospitalisation this person has experienced in the last 12 months – Yes/No:

Details - _____

Special Dietary Needs – Yes/No: If yes, please complete separate special diets form

Can the participant swim? Yes/No Distance (in metres)? _____

Please read, sign and date the following:

I _____, being the parent or legal guardian of the above mentioned participant assume full responsibility for her/his health such that the activities of the program will in no way aggravate any known condition. If in any doubt, I will seek and follow medical advice and inform Horizon Educational Camps or the Challenge Program of that advice. I will also notify Anglican Youthworks of any significant change in the participants health prior to the program. I declare that all statements on this form are true and accurate and that all relevant information has been provided.

Signed: _____

Date: _____



Anglican Youthworks

PARTICIPANT DETAILS

Name of School	Commencement date of camp
	/ /

Surname	Given Name

Date of birth	/	/
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Emergency Contact Details:	
(Home)	(Work)

Risk Warning & Acceptance of Risk

Although Anglican Youth and Education Division Diocese of Sydney, its staff and volunteers ("Youthworks") attempt to minimise any risk of personal injury, accidents can happen and all activities at Youthworks' Camps carry the risk of personal injury. Some activities carry particular risks in that they may involve elements such as water, height and /or speed.

A person to whom recreational services are provided by Youthworks under this agreement engages in any recreational activity concerned at his/her own risk.

Consent

My signature below indicates my willingness to permit my child to participate fully in all activities associated with the camp, including (but not necessarily limited to) those indicated in the pre camp information or brochure.

PARENT OR GUARDIAN'S SIGNATURE CERTIFYING ACCEPTANCE OF ALL CONDITIONS THEREON

Full Name Parent Guardian (Please tick)

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Signature	Date
	/ /

Special Dietary Requirements

In order to enable us to best serve your guests, it is vital that you supply all special diet forms **BY 4PM ON THE MONDAY OF THE WEEK PRIOR TO YOUR STAY.**

We regret that due to the high administrative and supply costs related to missing or late supply of information, a **surcharge of \$50.00 per special diet will apply, if a form is not filled out or if this deadline is missed.**

TO BE FILLED OUT BY THE PARENT / GUARDIAN OR PERSON WHO HAS THE SPECIAL DIETARY NEEDS

GROUP NAME	NAME
ARRIVAL DATE	AGE
PHONE	EMAIL
CENTRE <input type="checkbox"/> Waterslea <input type="checkbox"/> Koloona <input type="checkbox"/> Blue Gum Lodge <input type="checkbox"/> Rathane <input type="checkbox"/> Telford <input type="checkbox"/> Chaldercot <input type="checkbox"/> Deer Park	

If you are likely to suffer from a life threatening or anaphylactic reaction you are *required* to supply your own food to reheat, and disposable cutlery and crockery. A microwave and fridge will be available for your use. A discount of \$10 per day applies to any guests supplying all of their own food.

Please tick if you will be supplying your own food.

If your needs are not related to a life threatening condition, please tick the boxes that apply to you, then read the table regarding additional food you might be required to supply. (Note that Youthworks Centres do not provide Halal meat; please tick vegetarian if this applies to you):

- | | | | |
|--------------------------------------|---------------------------------------|---|-----------------------------------|
| <input type="checkbox"/> Vegetarian | <input type="checkbox"/> No Chicken | <input type="checkbox"/> No Peanuts | <input type="checkbox"/> No Eggs |
| <input type="checkbox"/> No Red Meat | <input type="checkbox"/> No Shellfish | <input type="checkbox"/> No Tree Nuts ... | <input type="checkbox"/> Diabetic |
| <input type="checkbox"/> No Pork | <input type="checkbox"/> No Seafood | <input type="checkbox"/> No Wheat | |
| <input type="checkbox"/> No Beef | <input type="checkbox"/> No Dairy | <input type="checkbox"/> No Gluten | |

Fruit is provided for between meal snacks. Guests may wish to supplement this with their own snacks.

DIET	DESCRIPTION OF DIET	GUESTS NEED TO BRING
Vegetarian	No meat.	
No Red Meat	No beef, lamb, veal, pork.	
No Shellfish	No shellfish products provided.	
No Seafood	No shellfish or seafood products provided.	
No Gluten (Coeliac)	No gluten-containing grains (wheat, rye, oats or barley) or their products or extracts.	Own bread, snacks if desired.
No Wheat	No wheat, wheat products or wheat extracts.	Own bread, snacks if desired.
No Dairy	No milk, milk products or milk extracts. "Vitasoy" soy milk is provided.	Own milk if "So Good / Vitasoy" is not acceptable, snacks if desired
No Gluten / Dairy	No gluten or dairy as above.	Own milk and bread, snacks if desired.
Diabetic	Low sugar levels.	Sugar free drinks, snacks if desired.

Certain allergies not listed above may be able to be accommodated, but these must be discussed with our Catering Department prior to submitting a form, please phone 02 4429 211 to discuss.

Parent/Guardian Signed: _____ Print Name: _____ Date: _____

YOUTHWORKS SHOALHAVEN CENTRES

ADDRESS 439 Koloona Dve, WEST CAMBEWARRA NSW 2540 • POSTAL ADDRESS PO Box 3149, NORTH NOWRA NSW 2541
 TELEPHONE (02) 4429 2500 • FACSIMILE (02) 4423 5733 • EMAIL shoalhaven@youthworks.net • WEB www.youthworks.net

Sydney Branch JAC

Development Camp Group

Doug Hawkins

(02) 9281 4088 doug@tvu.com.au

Important Notice to all Attendees of the **U13's** Development Camp

Important Things to Bring:

Please Note: No club gear - swimwear allowed

1. Strong desire to have fun
2. Good attitude to team work and others
3. Torch – For outside use eg, campfire
4. Pillowslips, sheets and blankets, - Sleeping Bag
5. Toiletries, towels etc.
6. Clothes – please do NOT bring any club clothing
7. Sun Screen, hat, costumes etc.
8. Old pair of runners / sports shoes - will get wet with sea water
9. A willingness to help with rosters, [setting tables, cleaning up]
10. Change for coke machine, and telephone but no other money. Money gets stolen every year and there are no shops around so no money is actually needed.

Campsite rules **No Mobile phones, mp3 players, or digital cameras**

- No smoking inside any building
- No alcohol consumption **No mobiles**
- No fighting, intimidation or threatening behaviour **at all**
- No pets
- No bad manners to other children, supervisors or park staff
- Minimum night time noise – especially after 9.30pm
- No pillow fighting
- No tampering stealing / hiding or anything of other peoples belongings
- Fire equipment only for use on fires
- Normal pool rules apply
- Remain inside Deer Park area only unless supervised

Breaking of the rules can lead to the exclusion of person/s concerned or their whole club from the balance of the camp.