



# Nomination Form

## 2017/ 2018 Junior Lifesaver of the Year

### Participant Details

Surname		Given Names			
Address					
Phone Number		Email Address			
Club Name		Branch Name			
DOB		Age	<table style="width: 100%; border: none;"> <tr> <td style="width: 25%; text-align: center;">Male</td> <td style="width: 25%; text-align: center;">Female</td> </tr> </table>	Male	Female
Male	Female				
Ladies Shirt Size	8   10   12   14   16   18	Mens Shirt Size	XS   S   M   L   XL   XXL		

### How did you hear about this opportunity?

Circular / Club Mail	Club Representative	Branch Representative	SLSNSW Staff Member
Facebook	SMS	Email	Other – please specify

### Emergency Contact Details

Name	Relationship	Mobile Phone Number	Home / Work Phone Number	Email Address

### Travel Details

What mode of transport do you intend to use to get to the program?	Car   Bus   Train   Plane
<i>Please complete the following if you will be flying</i>	
Which airport will you depart from?	
Are there other details we need to know before booking your flights?	

*Please note: Flight details are non-negotiable unless in an emergency. If you have any specific requests, please inform us immediately. Your commitment to this is important. Any 'no shows' or cancellations by participants will require full payment of all incurred expenses by that participant.*

### Club Endorsement

<b>CLUB NAME</b>			
<b>CLUB CONTACT</b>	Name		I endorse
	Position		Date
Comments:			

### Branch Endorsement

<b>BRANCH NAME</b>			
<b>BRANCH CONTACT</b>	Name		I endorse
	Position		Date
Comments:			



# Medical and Consent Form

## 2017/ 2018 Junior Lifesaver of the Year

### SPECIAL REQUIREMENTS

Please identify any special needs or requirements (eg wheelchair access, food allergies etc)

### MEDICAL INFORMATION

Do you suffer from any medical conditions? (eg allergies, epilepsy, asthma, diabetes etc)

Do you require medication for this condition?

If yes to either question – please give details (attach sheet if required)

### RISK WAIVER

In the case of an emergency, I authorise the program staff where it is impractical to communicate with me, to arrange for me to receive such medical or surgical treatment as may be deemed necessary.

I understand that although Surf Life Saving NSW and its service providers attempt to minimise any risk of personal injury within practical boundaries, accidents do happen and all physical activities carry the risk of personal injury. I acknowledge and accept that there is an inherent risk of personal injury in physical activities that will be undertaken as part of the program.

I Agree      Participant's Name      Parent / Guardian Name      Date

### MEDIA CONSENT

I agree to allow Surf Life Saving NSW to use my name and any photographs, sound and film recordings taken of me at this program for the promotion of the organisations services and initiatives to the media and the general public.

I Agree      Participant's Name      Parent / Guardian Name      Date

### Privacy Statement

Surf Life Saving NSW, PO Box 307, Belrose NSW 2085 will collect and store the information you voluntarily provide to enable processing of enrolments for programs. The information will be provided to staff of the program and their facilitators where necessary and by providing this information you consent to this disclosure. Any information provided by you will be stored on a database that will only be accessed by authorised personnel and is subject to privacy restrictions. Any information provided by you to the organisation can be accessed by you during standard office hours, and updated by writing to us or by contacting us on 02 9471 8000.

### SURF LIFE SAVING AUSTRALIA CODE OF CONDUCT

The Code of Conduct outlines the standard of conduct expected of all members. As a participant at this program, you agree to meet the following requirements in regard to your conduct during the program (including both formal and informal activities).

1. Respect the rights, dignity and worth of others
2. Be fair, considerate and honest in all dealings with others, and be a positive role model
3. Make a commitment to providing quality service
4. Be aware of, and maintain an uncompromising adherence to, SLSA standards, rules, regulations and policies
5. Demonstrate a high degree of individual responsibility, especially when dealing with persons under 18 years of age
6. Contribute to the provision of a safe environment for the conduct of all activities within surf lifesaving
7. Ensure that your actions are of the highest standard at all times, and that, at no time, will your conduct be construed as bringing SLSA or SLSNSW into disrepute

Further, you agree to:

- a. abide by the code of conduct outlined above
- b. maintain a 'duty of care' towards others and an accountability for matters relating to the program
- c. foster a collaborative approach to the program and its activities
- d. accept responsibility for your personal learning and that of the group
- e. be a positive role model for surf lifesavers and SLSA

I Agree      Participant's Name      Parent / Guardian Name      Date

## NOMINATION QUESTIONS

1. In what ways do you contribute to surf lifesaving at club, branch and other levels (eg assisting Nippers)?

2. What do you feel you have personally achieved through your involvement in surf lifesaving?

3. What goals do you want to achieve in surf lifesaving and why?

4. What role do you feel surf lifesaving has in the community?

5. If you could initiate one program in your club, what would it be and why?