

Sydney Branch Surf Life Saving
Under 11 years Regional Development Camp **2017-2018**
To be held at Deer Park **U11's 3-5th Nov 2017**
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 -	[<input type="checkbox"/>]
Canoeing -	[<input type="checkbox"/>]
Low Ropes Obstacle Course	[<input type="checkbox"/>]
Indoor Rock Climbing -	[<input type="checkbox"/>]
Abseiling Tower -	[<input type="checkbox"/>]
Pool etc. -	[<input type="checkbox"/>]

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: _____



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: _____
Address: _____
Suburb: _____ Post Code: _____
Medicare No.: _____ Card Ref No.: _____
Health Insurance Co.: _____
Family Doctor: _____
Date of Last Tetanus Booster: _____

Date of Birth: _____ Sex M / F
School/Group: _____
Home Ph: () _____
Card Expiry Date: _____
Number: _____
Phone No.:() _____

Emergency Contact 1: _____
Contact Numbers: Work:() _____

Relationship _____
Home:() _____

Emergency Contact 2: _____
Contact Numbers: Work:() _____

Relationship _____
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)

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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

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 (please circle) Rathane Telford Chaldercot Deer Park Waterslea Koloona Blue Gum Other	

1. ANAPHYLACTIC & LIFE THREATENING REACTIONS

- If you are likely to suffer from a life threatening or anaphylactic reaction, or you cannot have food that carries the warning "may contain traces of" or "manufactured on equipment that also processes", **you are required to supply the following:**
 - Your own PREPARED food to reheat
 - Disposable cutlery and crockery
- A microwave and fridge space will be available for your use
- A discount of \$10.00 per day applies to any guest supplying all of their own food (prepared meals to reheat)
 - TICKING THIS BOX INDICATES YOU WILL BE SUPPLYING YOUR OWN FOOD (PREPARED MEALS)**

2. SPECIAL DIETS – PLEASE TICK THE BOX(S) THAT APPLY TO YOU

- | | | |
|--|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> NO beef | <input type="checkbox"/> Vegetarian | <input type="checkbox"/> NO peanuts |
| <input type="checkbox"/> NO pork | <input type="checkbox"/> NO eggs | <input type="checkbox"/> NO tree nuts |
| <input type="checkbox"/> NO red meat | <input type="checkbox"/> NO shellfish | <input type="checkbox"/> NO wheat |
| <input type="checkbox"/> NO chicken | <input type="checkbox"/> NO seafood | <input type="checkbox"/> NO gluten |
| <input type="checkbox"/> NO white meat | <input type="checkbox"/> NO dairy | <input type="checkbox"/> Diabetic |
- Halal – We regret that Youthworks Centres CANNOT provide Halal meat for individuals (standard vegetarian meals will be served in this instance). With prior arrangement WHOLE groups can be catered Halal meat if you wish.

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 8525 3100** to discuss.

3. ARE YOU ABLE TO HAVE SMALL AMOUNTS OF THE ALLERGENS YOU HAVE TICKED ABOVE YES NO

4. CAN YOU HAVE FOODS WHICH CARRY THE WARNING "MAY CONTAIN TRACES OF" OR "MANUFACTURED ON EQUIPMENT THAT ALSO PROCESSES"

YES NO ➔ YOU ARE REQUIRED TO SUPPLY YOUR OWN PREPARED MEALS TO REHEAT ⇨ TICK THE BOX IN POINT 1

5. PLEASE READ THE TABLE BELOW REGARDING ADDITIONAL FOOD YOU MIGHT BE REQUIRED TO SUPPLY

DIET	DESCRIPTION OF DIET	GUESTS NEED TO BRING
No Gluten / Wheat (Coeliac)	No gluten containing grains (wheat, rye, oats or barley) or their products or extracts	Own bread, snacks if desired
No Dairy	No milk, milk products or milk extracts. "So Good" soy milk is provided.	Own milk if "So Good" is not acceptable, snacks if desired.
Diabetic	Low sugar levels	Sugar free drinks, snacks if desired.

Fruit is provided for between main meal snacks. Guest may wish to supplement with their own snacks if desired.

In order for Youthworks to best serve its guests it is vital that all special diet forms are returned **BY 4PM ON THE MONDAY OF THE WEEK PRIOR TO YOUR STAY**. We regret that due to high administrative and supply costs, a surcharge of \$50.00 per special diet will apply, if a form is not filled out or if the deadline is missed.

YOUTHWORKS OUTDOORS – PORT HACKING CENTRES

ADDRESS Rathane Road (off Warumbul Road), Royal National Park POSTAL ADDRESS PO Box 705 Sutherland NSW 1499
 TELEPHONE (02) 8525 3100 FACSIMILE (02) 9524 3810 EMAIL porthacking@youthworks.net WEB www.youthworks.net

Important Notice to ALL Attendees of the SLS Sydney Development Camps

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.