



The life of the beach.

SURF LIFE SAVING SA
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Web Site: www.surfrescue.com.au

2008 U11/U12 & U13/U14 State Development Camps Application & Consent Forms

Applicants Name _____ Club _____	
Date of Birth _____ Age _____ Competition Age (season 2007/2008) _____	Male / Female
Postal Address _____	
Parent/Guardian Name _____	Daytime Contact Number _____
Email (all future correspondence will be sent to this address) _____	
Camp to be attended (please tick one):	<input type="checkbox"/> U11/U12 (2007-2008 season) - Mon 14/04/2008 – Wed 16/04/2008 <input type="checkbox"/> U13/U14 (2006-2007 season) - Wed 16/04/2006 – Fri 18/04/2006
Emergency Contact _____	Relationship to Applicant _____
Daytime Contact Number _____	Alternative Number _____

CODE OF CONDUCT

The success of a camp such as this depends upon each participant accepting a code of conduct which supports co-operation and teamwork. As a participant you are asked to make a commitment to act in a manner which contributes towards the success of the camp.

By signing this code, you undertake to abide by the rules of the Woodhouse Activity Centre and the development camp. Further, you will do your part to contribute to, and participate in camp activities in a spirit of co-operation and team work.

PARTICIPANTS SIGNATURE _____ DATE _____

PARENT/GAURDIAN CONSENT

As the Parent/Guardian I give my consent for him/her to participate in the Junior Development Camp to be held at Woodhouse Activity Centre from 1.00 pm Monday 14th April to 12.45pm Wednesday 16th April 2008 or 1.00 pm Wednesday 16th April to 12.45pm Friday 18th April 2008.

I agree that photos taken by the camp instructors may be used by Surf Life Saving SA in annual reports.

I agree to delegate my authority to the Instructors involved. Such Instructors may take whatever disciplinary action they deem necessary to ensure the safety, well-being and successful conduct of the participants as a group, or individually at this Camp.

I also authorise the Instructors to obtain medical assistance which they deem necessary should an accident occur and agree to pay all medical and dental expenses incurred on behalf of my child named above.

I submit the attached health information about my child and include details of limitations which he/she has for the activity concerned. I further legally authorise qualified medical practitioners to administer an anaesthetic or carry out necessary surgical procedures if such an eventuality arises. I give my consent to my child's local doctor or medical specialist to be contacted in an emergency.

The information given in the attached sheets is accurate to the best of my knowledge.

PARENT/GAURDIAN SIGNATURE _____ DATE _____



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HEALTH INFORMATION

MEDICAL CONDITIONS

Does your child have any medical condition or health problem? YES/NO

If "YES", please give details of the medical/health problem: _____

Are you aware of any medical emergency which could occur? YES/NO

If "YES", please give details:

Precautions to avoid emergency _____

How to recognise emergency _____

Emergency treatment required _____

MEDICATION

Does your child take any prescribed medication (including inhalers)? YES/NO If "Yes", please give details:

Medication Name _____ Dose _____

When Taken _____ How Taken _____

Side effects _____

Note: Any medication needed during camp should be handed to an Instructor on arrival, with written notes of your child's name, medication, dose, etc.

Has your child received a complete course of Tetanus Toxoid immunisation? YES/NO Date of last booster _____

*(Check details with your doctor if uncertain)

MEDICARE/HEALTH FUND

If your child is a member of any private medical benefit fund, give details: Membership No _____

Fund Name _____ Benefit Tables _____

If your child is covered by an ambulance subscription, give family subscription number _____

OTHER INFORMATION

Shirt Size: Child 8 10 12 14 16 Other _____

- Transport:
- I will be utilising the camp bus to and from the camp.
 - I will be utilising the camp bus one way only. Please specify _____
 - I will be arranging my own transport to and from the camp.

NOTES

- Applicants will receive future correspondence via email. Therefore it is imperative that all applications include an email address that is regularly checked.
- The information requested in the Health Information section will be considered confidential and will be treated accordingly and is sought in order to protect and assist your child so that the camp may be a safe and enjoyable experience. Please attach extra sheets if required and contact the Camp Supervisor to discuss any health problems.
- Should applications received exceed positions clubs will be requested to prioritise their members.
- Costs (when finalised) will be invoiced to clubs. Clubs will be responsible for issuing invoices to attendees, however Surf Life Saving SA encourage clubs to meet these costs.
- Further enquiries should be directed to Andrew Henry

Mobile: 0418 351853
Email: andrewh@surfrescue.com.au

Application must arrive at Surf Life Saving SA no later than 12 Noon, Wednesday 19th March 2008.