



SURF LIFE SAVING SA

PO Box 108, Torrensville SA 5031
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**2010 U15 – U17 yrs Leadership Development Camp and
2010 U11/U12 & U13/U14 Junior Development Camps
Application & Consent Forms**

Applicants Name _____		Club _____	
Date of Birth _____	Age _____	Competition Age (season 2009/2010) _____	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"/> U15 - U17 (2009-2010 season) - Tues 13/04/2009 – Thurs15/04/2009 <input type="checkbox"/> U11/U12 (2009-2010 season) - Mon 12/04/2009 – Wed 14/04/2009 <input type="checkbox"/> U13/U14 (2009-2010 season) - Wed 14/04/2009 – Fri 16/04/2009	
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 Encounters camp and Conference Centre and the Development camp in general. 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 my child mentioned above to participate in the relevant Development Camp to be held at the Encounters Camp and Conference Centre as indicated above.

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 Camp Coordinator, Instructors and Supervisors involved who 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 these persons 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 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.

I submit the attached health information about my child and include details of limitations which he/she has for the activity concerned. The information given in the attached sheets is accurate to the best of my knowledge.

PARENT/GAURDIAN SIGNATURE _____ **DATE** _____

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 bus to and from the camp (U11/U12 & U13/U14 only).
 - I will be utilising the bus one way only. Please specify _____
 - I will be arranging my own transport to and from the camp (* includes all U15 - U17).

NOTES

1. Applicants will receive future correspondence via email. Therefore it is imperative that all applications include an email address that is regularly checked.
2. 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 Coordinator to discuss any health problems.
3. Should applications received exceed positions clubs will be requested to prioritise their members.
4. Costs (when finalized and not greater than \$150) will be invoiced to clubs. Clubs will be responsible for issuing invoices to attendees, however Surf Life Saving SA encourage clubs to meet or subsidise these costs.
5. Further enquiries should be directed to Stephen Cornish Phone: 8354 6900 Mobile: 0422 606 575
Email: stevec@surfrescue.com.au

Application must arrive at Surf Life Saving SA no later than 12 Noon, Friday 12th March 2010.