

Parent / Guardian Contact Details

First Name

Surname

Email Address

Parent

Grandparent

Guardian

Family member

Other: _____

Address

Suburb

Post Code

Home Phone

Work Phone

Mobile Phone

Is this booking for a child being referred by another Government Department? Yes No

If yes please specify which agency and location _____

Contact Details of Person / Organisation Paying (if different from above)

First Name

Surname

Email Address

Organisation Name

Address

Post Code

Special Needs

Is there any reason that the participant/s may not be able to physically or mentally participate in the Duke of Edinburgh Program?

Yes No

Details _____

Does your child have any dietary requirements?

Yes No

Details _____

Further Information -

(For statistical purposes only)

Are the children of Aboriginal or Torres Strait Islander descent? Yes No

Are one/both the parents of these children from a culturally or linguistically diverse background or community? Yes No

Where did you find out about this Duke of Edinburgh program? Please tick one box only.

Newspaper TV Brochure School Been before Shopping Centre Radio

Poster Friend Internet Other: _____

Terms and Conditions

Cancellations:

The Department of Sport and Recreation reserves the right to cancel a Duke of Edinburgh (DoE) program if minimum numbers are not met. Every effort will be made to give reasonable notice to those who have enrolled when a DoE program is cancelled. Those enrolled will be given a full refund.

Refunds:

1. If a request for a refund is made within seven (7) working days of the DoE program commencement, no refund of DoE program fees will be given (including GST).
2. If a request for a refund is made (and a written request received) seven (7) working days or more prior to the DoE program commencement, a refund will be given less a 20% administration fee of the total DoE program fee (including GST).
3. Refunds will not be given for partial attendance.
4. Refunds will be paid at the completion of the DoE program.

Participant Behaviour:

All participants are required to conduct themselves in accordance with the Participant Code of Behaviour (*Available on the DSR website*). Failure to do so will result in the parent/guardian being contacted to take the child home. Children sent home for poor behaviour will not receive a refund.

Privacy Statement:

The Department of Sport and Recreation will collect and store the information you voluntarily provide to enable processing of enrolments for DoE programs. The information will be provided to presenters and coordinators of the course and their supervisors, where necessary and you consent to this disclosure.

Any information provided will only be accessed by authorised personnel and is subject to privacy restrictions. The information will only be used for the purpose for which it was collected.

AUTHORITY TO PARTICIPATE -

Indemnity and Risk Waiver:

I understand that campsite programs involve outdoor pursuits and may include, roping activities, bush activities, campfire cooking and water-based activities where there is a degree of risk associated with the activity. I understand that although DSR and its service providers attempt to minimise any risk of personal, accidents do happen and all physical activities carry the risk of personal injury. I exclude all Department of Sport and Recreation paid and unpaid staff from any personal liability in respect of any injury or illness that may befall my child while at the camp. I acknowledge that there is an inherent risk of personal injury in physical activities that will be undertaken as part of this program. By agreeing to attend and participate, I waive any future right for my child or any member of my family to claim negligence, except for that which cannot be excluded at law.

Signature (Parent/Guardian)

Date

Name (Please Print)

Please Note:

1. The fee must accompany the DoE program booking; otherwise the booking will not be accepted.
2. Enrolment is necessary prior to the commencement of the program to secure your place.
3. A letter confirming the details of your booking will be issued after payment has been received.
4. If more than one child is attending a DSR camp, please ensure a medical form is completed for each child.

If you require further information/clarification on anything in this package please call Ben Walton, on 9492 9790.

Please return form to:

**Ern Halliday Recreation Camp
PO Box 80
HILLARYS WA 6923**



General Information

Full Name of Participant		Male	Female	Date of Birth
<input type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="/ /"/>
Name of Parent / Guardian		<input type="checkbox"/> Parent		
<input type="text"/>		<input type="checkbox"/> Guardian		
Address			Post Code	
<input type="text"/>			<input type="text"/>	
Home Phone	Work Phone	Mobile Phone		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Other Emergency Contact		Relationship to Participant		
<input type="text"/>		<input type="text"/>		
Home Phone	Work Phone	Mobile Phone		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Family Doctor		Phone Number		
<input type="text"/>		<input type="text"/>		
Address				
<input type="text"/>				
Participant Medicare number				
<input type="text"/>				

Medical History / Information

- 1. Is the participant currently on any medication which is to continue during the camp?** Yes No

If 'yes' please provide details _____
*(Please ensure that all medication is **labelled with the participant's name and correct dosage** as well as explaining any assistance required to administer the medication.)*
- 2. Does the participant suffer from any form of asthma?** Yes No

If 'yes' please provide details, including treatment and dosage requirements.

- 3. Has the participant suffered from any serious illness or injury in the last 12 months?** Yes No

If "Yes" Please specify _____
- 4. Does the participant suffer from ankle, knee or joint problems?** Yes No

If "Yes" Please specify _____

5. Does the participant suffer from any of the following conditions (please circle)?

- | | |
|---|-----------------|
| Epilepsy/Fits of any Kind | Yes / No |
| Diabetes | Yes / No |
| Blackouts/Sleep Walking | Yes / No |
| Migraine/Headaches/Dizzy Spells | Yes / No |
| Sight/Hearing Disorders | Yes / No |
| Travel Sickness/Bed wetting | Yes / No |
| Claustrophobia | Yes / No |
| Allergies to Food, Stings or Drugs | Yes / No |
| Allergic to Penicillin or Paracetamol | Yes / No |
| Allergic to Band-aids or Sticking Plaster | Yes / No |
| Attention Deficit/Hyperactive Disorder | Yes / No |
| Autism or Asperger's Syndrome | Yes / No |

Other: _____

If 'yes' to any of the above, please provide details, including treatment and dosage requirements.

6. Does the participant suffer from any disability or ailment which DSR Staff should be aware?

- Yes No

If "Yes" Please specify _____

7. Participant's last tetanus booster injection was in _____ (Year)

8. Participant can swim unassisted: (Please tick one)

- | | | | |
|------------------------|--------------------------|--------------------------|--------------------------|
| Non – Swimmer | <input type="checkbox"/> | Between 50 & 100 metres | <input type="checkbox"/> |
| Less than 25 metres | <input type="checkbox"/> | Between 100 & 200 metres | <input type="checkbox"/> |
| Between 25 & 50 metres | <input type="checkbox"/> | More than 200 metres | <input type="checkbox"/> |

Authorisation by Parent for Emergency Treatment

In the event that my son/daughter requires medical treatment in circumstances where my consent to that treatment would ordinarily be necessary but where it is or proves not possible or practicable to obtain that consent, I authorise the administration or arrangement of such treatment as is regarded as reasonable. I acknowledge responsibility for payment of any associated medical, ambulance, hospital or like expenses.

Full name of Parent/Guardian (Please Print) _____

Signature of Parent/Guardian _____ **Date** _____



Government of **Western Australia**
Department of **Sport and Recreation**

Talent Release Form – Photographic

Camp:

Child's Name:

Parent's Name:

Address:

I give my permission for the Department of Sport and Recreation to use any photographic image taken of the participant to be used by the Department of Sport and Recreation in printed publications, on the internet or in other electronic formats for press or print purposes.

If any of these images are used, I hereby consent, without further consideration or compensation to the use (full or part) of images taken for the purposes of illustration, broadcast or distribution of any manner. I understand that negatives and prints remain the property of the Department of Sport and Recreation and that there will be no restrictions on the number of times the image is used. I accept that no payment is due in respect of this authority and that no further payments to me are required at any time.

Upon signing this form I understand that I have no rights to the said material.

Signed (Parent/Guardian only).....

Date



Duke of Edinburgh **- Off-Site Activity Consent Form -**

As part of the adventurous journey component of Duke of Edinburgh, off-site activities have been planned as part of the program.

Detailed Information

Ern Halliday to Neil Hawkins Park (Joondalup) and back (Cycling)	Circular track through John Forrest National Park (Cycling)
15 April 2010 10.00am – 3.30pm	16 April 2010 8.30am – 3.00pm

- Off-Site Locations:** **Cycle from Ern Halliday to Joondalup and return
Cycle around John Forrest National Park**
- Dates:** 15 -16 April 2010
- Travel Arrangements:** Participants are to be picked up from the Ern Halliday Camp by bus on Friday, 16 April 2010 and taken to John Forrest National Park. After completing a day of cycling, participants will be returned by bus to Ern Halliday Camp later that afternoon.
- Times:** The above times are estimations only and are subject to weather conditions and instructor's informed decision on the day.

Off-Site Activity Permission

I am aware that any costs incurred as a result of accident or illness is my responsibility and that the Department of Sport and Recreation staff are not responsible for any loss or damage to the participant's property that may occur during the course of the program.

I have read and understood the attached information regarding the excursions for Duke of Edinburgh and adventurous journey and give my consent for my:

Son / Daughter _____ to attend.

Signature of Parent/Guardian _____

Date _____