SIKH YOUTH AUSTRALIA

ENROLMENT PACKAGE

SIKH YOUTH CAMP 2006

For enrolment to be complete all papers in this section must be returned with the correct payment. Each person/family attending the camp requires a "Indemnity & Risk Waiver" and each attendee requires a separate "Medical & Consent" Form.

CONTACT DETAILS

Address:	**Street No.:** _____	**Street Name:** _____	
	Suburb: _____	**State:** _____	**Post Code:** _____
Phone Number:	**Day Phone:**	**Mobile Phone:**	
Email Address:			

PARTICIPANT DETAILS

Youth Names	**Male/Female**	**Date of Birth**	**Age**
Adults/Parents Name (if attending)			

PAYMENT DETAILS

Fee Schedule	1 Child = $250	2 Children = $450	3 Children = $650	Adults=$260 Each

CAMP FEE (as per fee schedule shown above):	**$** _____
Return Coach Transfers (to and from the Camp) @$30 per person: *This is optional-pick up & drop off points will be Glenwood & Revesby Gurdwaras*	**$** _____
TOTAL PAYMENT	**$** _____

Please make the cheque in favour of: **"Sikh Youth Camp" Account**
If mailing, send your cheques to: **Sikh Youth Camps Australia**
PO Box 6023 Parramatta NSW 2150

Please accept my payment towards the Sikh Youth Camp 2006. I/my child/ward agree to follow the terms and conditions set out by the organisers of the camp. **I have attached "Indemnity & Risk Waiver" AND "Medical & Consent" forms.**

Signature: _____ Date: _____
Self/ Parent/Guardian

☐ **YES, I WISH TO PARTAKE IN AMRIT AT THE CAMP**
(Please tick if you wish to take part in Amrit Initiation Ceremony at the 2006 Camp)
NAME(s) .....

For Office Use Only:

Date Payment Received:	_____	**Receipt Number:**	_____
Received by:	_____	**Date of Issue:**	_____

INDEMNITY & RISK WAIVER

Strike out whichever does not apply:

I wish to attend/I agree to my child's/ward's attendance in the following program:

Program Type: School
Name of School: SPS Sydney Punjabi School
Program name: Sikh Youth Camp 2006
Program date: 11 January to 15 January 2006
Venue: Myuna Bay Sport and Recreation Centre
Program no.: 1

In the case of an emergency, I authorise the program staff, where it is impracticable to communicate with me, to arrange for me/my child/ward to receive such medical or surgical treatment as may be deemed necessary. I also undertake to pay or reimburse costs which may be incurred for medical attention, ambulance transport and drugs while I am/my child/ward is enrolled with the program.

I understand that although DSR/Sikh Youth Camps Australia 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 that there is an inherent risk of personal injury in physical activities that will be undertaken as part of this program and I agree that I/my child/ward undertake/undertakes the activities at my/his/her own risk.

I release and indemnify the Minister for Sport and Recreation, the State of New South Wales, and the NSW Department of Sport and Recreation/Sikh Youth Camps Australia and its officer, servants, agents and service providers against all actions, suits, claims, demands, proceedings, losses, damages, compensation, costs, charges and any expenses whatsoever arising directly or indirectly out of any personal injury to me/my child/ward howsoever occasioned.

Participant(s)

Print name:_____

Print name:_____

Print name:_____

Signed: _____ **Print name:** _____
Parent/Guardian /Self over 18 years

Date: _____

NSW Sport & Recreation www.dsr.nsw.gov.au

Sikh Youth Camps Australia www.geocities.com/sikhyouthaustralia

NSW Department of Sport and Recreation

MEDICAL & CONSENT FORM

PARTICIPANTS DETAILS

Surname | Given names

Address

Postcode

Name of school | School Year (mainstream)/ ignore if not in school

Sydney Punjabi School/W.S.S Punjabi School

Date of birth | Age | Male | Female | Department of Sport and Recreation Customer No.

/ / | | | | n/a

PROGRAM DETAILS

Program name | Program number (if known)

Sikh Youth Camp 2006 (MBY Op 5Day) | **1**

Venue | Program dates (from) | (to)

Myuna Bay Sport and Recreation Centre | **11.01.2005** | **15.1.05**

PARENT / GUARDIAN DETAILS

	Mother	**Father**	**Guardian/other contact**
Full name of Parent or Guardian			
Home phone			
Work phone			
Mobile			
Fax			
Email			

Continued on next page

SPECIAL NEEDS

Please identify any special needs or requirements not listed above (e.g. diet, wheelchair access, etc)

Has he/ she had the Combined Diphtheria Tetanus Toxoid booster injection?

YES ☐ NO ☐ YEAR ☐

Has he/ she been immunized against measles?

YES ☐ NO ☐ YEAR ☐

SWIMMING

☐ Strong –50mtrs unaided ☐ Average-25mtrs unaided ☐ Poor-10mtrs unaided

☐ Non-swimmer

MEDICAL INFORMATION

Does the participant suffer from any of the following?

☐ Any allergic condition ☐ skin condition ☐ Diabetes

☐ Epilepsy, fits or blackouts ☐ A disability or chronic illness ☐ sthma (include asthma plan)

☐ Attention Deficit Disorder (ADD/ADHD) ☐ Sleep walking ☐ A current illness eg. flu

☐ Bed wetting ☐ Behavioural problems ☐ Other

If yes to one or more, please give details. (Attach sheet if required)

Medicare number

Health Care Card number

Pensioner Health Benefits Card

Pharmaceutical Benefits Concession Card

Private Health Insurance fund

Number

Do you have Ambulance cover? Yes/ No

Continued on next page

CURRENT MEDICATION

	Breakfast		Lunch		Dinner		Before Bed		Other	
	Time	**Dose**	**Time**	**Dose**	**Time**	**Dose**	**Time**	**Dose**	**Time**	**Dose**
eg. Bricanyl	8 am	2puffs	12: 30 pm	2puffs	6 pm	2 puffs	8 pm	2 puffs		

Notes:

1. Scheduled medication must be provided in the original container (as required by legislation).
2. All medications will be collected and administered by staff, unless notified in writing to the contrary.
3. Staff will supervise and register the taking of all medication.

CONSENT

I agree to my child's/ ward's attendance at the above-mentioned camp and to his/ her taking part in any activities and excursions arranged for the children in connection with the Centre program. I also authorise designated staff to supervise my child while taking medication as requested by me on this form. In the event of any accident or illness, I authorise the obtaining of such medical assistance on my behalf that my child may require. I also undertake to pay medical fees and/ or costs of medication that may be incurred while my child is at the Centre.

I hereby release and indemnify the Minister for Sport and Recreation and the State of New South Wales and the Department of Sport and Recreation and its officers, servants and agents against all actions, suits, claims, demands, proceedings, losses, damages, compensation, costs, charges and any expenses whatsoever in respect of any personal injury of or any infringement disturbance or destruction of any rights of any person including myself and son/ daughter/ ward arising directly or indirectly out of the aforementioned administration of medication.

CANCELLATION POLICY: If a child leaves the Centre during the course of a program through illness or family emergency, a proportionate refund will be arranged. Requests for refunds should be forwarded in writing. Should a child be sent home for inappropriate behaviour, no refund will be issued. The Director General of the NSW Department of Sport and Recreation reserves the right to cancel a program.

Full name of Parent or Guardian

Signature

Date