



FAMILY FUN DAY REGISTRATION FORM

Event Date: _____

Individual or Family Details

Contact Name: _____ Family Name: _____

Address: _____ Post Code: _____

Phone: _____ Mobile: _____ Email: _____

Kalparrin Membership Status Please select one of the following:

- I am a current financial member I want to apply for membership / I need to renew my membership [Please complete Membership Form]

Special Dietary Requirements

Do you/a family member have any special dietary requirements? Yes No

Details: _____

Adults Attending

Children Attending

Respite Event Guidelines

Kalparrin's respite events promote a supportive and safe place for all participants. To ensure everyone enjoys events, **Respite Event Guidelines** have been developed with the input of members and previous event facilitators. Failure to observe these guidelines may result in participants being asked to leave an event. Where participants are asked to leave a residential event early, any expenses incurred will be met by the participant.

GUIDELINES

Introductions are special – welcome newcomers and introduce yourself, and others, to them.

Everyone is here for a break. Enjoy yourself in a manner that does not detract from the enjoyment of others.

Nothing is compulsory – choose what you want to do, have fun and nurture yourself.

Treat and speak to all participants, coordinators and facilitators respectfully.

Everyone is unique. Make no comparisons or judgments. Respect other's cultural and religious beliefs.

Maintain confidences shared at respite events.

Observe no-smoking requirements at residential events. Family events are smoke-free.

Observe drink-safe recommendations. Family events are alcohol free events.

Speak to a respite event coordinator or a Board of Management representative rather than another participant about any issues or concerns you have pertaining to the event – sooner rather than later. We want to ensure everyone's enjoyment.

I have read and agree to abide by the Respite Event Guidelines

Photos

From time to time Kalparrin uses photos taken at respite events for publicity, in newsletters or on the website. Please select one of the following.

I give permission for any photos of me and my family taken at this event to be used by Kalparrin as described.

I do NOT give permission for any photos of me and my family taken at this event to be used by Kalparrin as described.

Disclaimers and Authorities

Kalparrin advises all participants to only participate in events to the extent that they are physically and medically fit and able to do so. Kalparrin does not carry accident or medical insurance, ambulance cover or insurance for loss or damage to personal effects for respite event participants. All costs incurred for emergency medical/dental treatment and loss or damage to personal effects are the sole responsibility of participants.

Kalparrin does not assume responsibility for the supervision of children at family respite events. Families are solely responsible for the care and supervision of their children.

I have read the above information and release Kalparrin (Parents of Children with Disabilities Inc), its Board of Management, staff and agents from any liability arising from any loss, personal injury, accident, misfortune, or damage to myself or property, with the understanding that all reasonable precautions will be taken to ensure the health and safety of myself and my family attending respite events and the safety of my property. In the event of a medical emergency, I consent for a qualified health professional to be called and acknowledge that I will be responsible for any costs incurred.

Signature: _____

Date: _____

Payment

Please select your preferred payment option:

Please find my cheque/money order (made out to Parents of Children with Disabilities Inc.)

OR Please find my credit card details below:

Cheque/Money Order Visa Card Master Card

Card Number: ____/____/____/____ Exp ____/____

CVV: ____ (Your Customer Verification Value (CVV) is a 3-digit security code on the back of your credit card. It appears on the signature panel after and to the right of your card number.)

Name on Card: _____ Signature: _____

Please note that if membership fees impose financial hardship, please contact the Family Support Officer at Kalparrin on (08) 9340 8094 or email kalparrinwa@health.wa.gov.au.

Please note no refunds (except in exceptional circumstances) unless notification of cancellation within 7 working days of event.

Please Return To:

Kalparrin
GPO Box D184
Perth WA 6840

Facsimile: 089380 6114
Email: kalparrinwa@health.wa.gov.au