

Siblings School Holiday Program

Conducted in association with the
Department of Sport and Recreation
(DSR)



Government of Western Australia
Department of Sport and Recreation

REGISTRATION FORM

Event Details	
Date	
Venue	

Participant Information				
1	First Name	Last Name	M	F
	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Date of Birth	School grade		
	<input type="text"/>	<input type="text"/>		
2	First Name	Last Name	M	F
	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Date of Birth	School grade		
	<input type="text"/>	<input type="text"/>		

NB: Please complete a separate Medical Form for each child, if more than one child.

Kalparrin Membership	
<input type="checkbox"/> Our family has current financial membership of Kalparrin	<input type="checkbox"/> I am applying for Family Membership of Kalparrin (<i>Please complete Membership Application Form. Download from www.kalparrin.org.au and forward with this Registration Form or join online at www.kalparrin.org.au</i>)

Parent / Guardian Contact Details			
First Name	Surname	Email Address	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="checkbox"/> Parent	Address		
<input type="checkbox"/> Grandparent	<input type="text"/>		
<input type="checkbox"/> Guardian	Suburb	Post Code	
<input type="checkbox"/> Family member	<input type="text"/>	<input type="text"/>	
<input type="checkbox"/> Other: _____	Home Phone	Work Phone	Mobile Phone
	<input type="text"/>	<input type="text"/>	<input type="text"/>

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 holiday program? *Please tick one box only.*

- Kalparrin Newsletter Kalparrin Email Kalparrin Website Brochure / Flyer
 School Local Area Coordinator Radio Newspaper
 Poster Friend Been before Other: _____

Terms and Conditions

Cancellations:

Kalparrin reserves the right to cancel a holiday program/s if minimum numbers are not met. Every effort will be made to give reasonable notice to those who have enrolled when a holiday program is cancelled.

Kalparrin reserves the right to charge a cancellation fee (\$30) where a child has received confirmation of a place and fails to attend on the day without prior notification.

Participant Behaviour:

All participants are required to conduct themselves in accordance with the Participant Code of Behaviour (See page 3). Failure to do so will result in the parent/guardian being contacted to take the child home. Kalparrin and DSR do not accept participants who have demonstrated poor behaviour on prior holiday programs.

Privacy Statement:

Kalparrin and the Department of Sport and Recreation will collect and store the information you voluntarily provide to enable processing of enrolments for holiday 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 Kalparrin and 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 Kalparrin and 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. Enrolment is necessary prior to the commencement of the program to secure your place.
2. Submitting a Registration Form does not guarantee a place.
3. A letter confirming the details of your booking will be issued to confirm your child(ren)'s registration.
4. If more than one child is attending a holiday camp, please ensure a medical form is completed for each child.

If you require further information/clarification on anything in this package please call Kalparrin on 9340 8094.

Please return form to:

**Kalparrin
GPO Box D184
PERTH WA 6840**

Participants' Code of Behaviour

This Code of Behaviour has been adapted from the Department of Sport and Recreation's Code of Behaviour for participation in School Holiday Programs.

Participants who join the Kalparrin / Department of Sport and Recreation holiday camps are required to demonstrate behaviours that support the growth of the individual and the achievement of team outcomes.

This means that you should:

- Treat all participants as you like to be treated. Do not bully or take unfair advantage of another participant.
- Respect the privacy and personal space of other individuals.
- Respect the rights, dignity and worth of all participants regardless of their gender, ability, cultural background or religion.
- Cooperate with your instructor and other participants. Without them there would be no holiday program.
- Never argue with an instructor or other participants.
- Control your temper. Physical and verbal abuse of instructors, sledging other participants or deliberately distracting or provoking other participants are not acceptable or permitted behaviours on camp holiday programs.
- Demonstrate independence and participate for your own enjoyment and benefit, not just to please your parents/carers.
- Take leadership. Be a good sport. Applaud all good plays whether they are made by your team or other participants.
- Work equally hard for yourself and/or your team. Your team's performance will benefit and so will you.
- Accept responsibility for your own actions.
- Remain in segregated areas as designated by the camp coordinators.

To assist in achieving these objectives we ask that the following be observed:

- NO mobile phones.
- NO smoking.
- NO alcohol.
- NO drugs.
- NO swearing.
- NO lollies.
- NO intimate relations.

MEDICAL FORM

Please complete a medical form for each child attending.

General Information

Full Name of Participant

Male

Female

Date of Birth

Name of Parent / Guardian

Parent

Guardian

Address

Post Code

Home Phone

Work Phone

Mobile Phone

Other Emergency Contact

Relationship to Participant

Home Phone

Work Phone

Mobile Phone

Family Doctor

Phone Number

Address

Medicare number

Special Needs

Is there any reason that the participant/s may not be able to physically or mentally participate in the program activities?

Yes

No

Details

Does your child have any dietary requirement?

Yes

No

Details

Medical History / Information

1. Is your child 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 child's name and correct dosage** as well as explaining any assistance required to administer the medication.)

2. Does your child suffer from any form of asthma? Yes No

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

3. Has your child suffered from any serious illness or injury in the last 12 months? Yes No

If "Yes" Please specify _____

4. Does your child suffer from ankle, knee or joint problems? Yes No

If "Yes" Please specify _____

5. Does your child 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 your child suffer from any disability or ailment which DSR Staff should be aware?

Yes No

If "Yes" Please specify _____

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

8. My child 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 _____

Talent Release Form – Photographic

Camp Date:

Child's Name:

Parent's Name:

Address:

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

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 in Departmental or Kalparrin publications. I understand that negatives and prints remain the property of Kalparrin and 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.

Signed (Parent/Guardian only) _____

Date ____ / ____ / 20____