

## **Camp Registration (please fill out for coaches separately).**

Mini or Coach Name(s):

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Birthdate(s):

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Orienteering Club: \_\_\_\_\_

Orienteering Course (VE, Easy, Mod or Hard): \_\_\_\_\_

Parents and younger siblings name(s) and ages if attending: \_\_\_\_\_

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No. of Days Attending (if not all 3): \_\_\_\_\_

Special Dietary Requirements: \_\_\_\_\_

Best Contact Phone Number: \_\_\_\_\_

Best Contact Email: \_\_\_\_\_

Any questions, please contact me via phone or email:

**Phone:** Marion Burrill: 0487 572 553 or (07) 4661 8961

**Email:** marion.burrill@outlook.com

*Please complete and return this **Registration** and the attached **Medical Form** via email as soon as possible; **by 17th of March would be very much preferred.***

***Places may be limited so please return forms ASAP. Enter and pay on Eventor. All forms and money must be received, 2 weeks prior to camp. No refunds will be received after this date.***

Maroon Dam Outdoor Education Centre accommodation is good but expensive. If you decide not to attend camp in the last 2 weeks prior to camp, your food and accommodation will already have been booked, regardless of whether you are present. Please be considerate of how our money and yours is spent.

## Orienteering Queensland Medical Details Form

Surname/Given Name			
Immunisation Details (Please complete and list others if known)			
Immunisation	Yes (X)	No (X)	Date administered
Tetanus			
Hepatitis B			

Do you suffer from asthma? (please circle)	Yes	No
If Yes, list medication		
Are you currently being treated by a medical practitioner? (please circle)	Yes	No
If Yes, list details, including any current medication		
Are you suffering from an injury or condition which is likely to be aggravated by the camp?	Yes	No
If Yes, list details		

Medicare Card No		Position No.	
Cardholder Name (if not name of child)			
Private Health Insurance Company Name			
Private Health Insurance Member No.			
Please list any other relevant medical history			

NOTE: It is the parents' responsibility to ensure that their child is adequately covered for Medical, Hospital, Dental and Personal Accident & Injury Insurance. Orienteering Queensland will not accept financial liability for such expenses if they should arise. Where supervision of the administering of medication is required while the student is away from home, parents will need to document details in a separate correspondence to the Camp Organiser

Medical Authorisation: I hereby authorise the obtaining on my behalf of such medical assistance as my son/daughter may require in the event of accident or illness and guarantee to meet any costs incurred. I authorise the administering of anaesthetic if this is deemed necessary by the medical officer attending.

Signed \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent/Caregiver)