

Orienteering Western Australia Junior Summer Camp Registration January 2025

NOTE FOR PARENTS

As camp organisers we realise and accept the responsibility you are delegating to us in caring for your child at the Junior Camp. Accordingly, our planning is attempting to cover all eventualities. Three areas of special concern relate to behaviour, health and diet. Please complete the relevant sections of this form.

JUNIOR/PARTICIPANT DETAILS

NAME: Male/Female DATE OF BIRTH:.....

ADDRESS: P/CODE:.....

PARENTS' NAMES:

.....

PHONE: (Mobile1).....(Mobile 2).....

ORIENTEERING ABILITY For our planning please provide the following information.

What type of orienteering has your child competed in? (Please circle)

METRO.....SPRINT (PARK).....SPRINT (CAMPUS).....BUSH.....

What is the highest level of orienteering course your child regularly completes unassisted?

H M E VE

SWIMMING ABILITY As it is possible that swimming may take place during the camp please indicate what swimming level your child has achieved.

Swimming level.....

TRANSPORT

Does your child need transport to Camp Quaranup, Albany? YES / NO

Does your child need transport from Camp Quaranup, Albany? YES / NO

DIET

Please provide details of any special dietary requirements:

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HEALTH

Date of last Tetanus Vaccination.....

Please provide details of any allergies, medical history or medication use of which the camp organisers should be aware:

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If your child requires or may require medication use during the camp, or has a detailed medical history please fill in the separate detailed medical form.

Please continue over page->



Orienteering
Western Australia

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Parents, please indicate your wishes regarding the following:

- Permission **IS / IS NOT** given for the organisers to take to a doctor or hospital for medical assistance if contact cannot be made with me.
- Emergency parent or other contact(s) for the duration of the camp:

.....

- Medicare Number:

.....

BEHAVIOUR

I agree with the need to behave in a way supportive of the efficient operation of the Junior Camp and accept that my parents/guardians will be contacted if my behaviour is not appropriate.

..... [Signed – Junior/Participant]

PARENT APPROVAL

I give permission for my son/daughter to attend the OWA Junior Training Camp on 24th-27th January 2025.

..... [Signed - Parent/Guardian]

Please arrange payment of camp fees as outlined in the **Information pamphlet** and send this form to:

Rachel West Email: orienteeringwa.coaching@gmail.com by Friday December 27th 2024