



ABN: 96028120934

PO Box 339

Sandy Bay

TAS 7006

## Training Camp January 2019

### PARENT CONSENT, MEDICAL INFORMATION and CODE OF CONDUCT FORM

To attend the Orienteering Tasmania ("OT") training camp In St Helens from 25th to 28th September 2018 ("the Training Camp"):

- A. this form must be completed and returned to the Training Camp Manager Jon McComb by the 20th January 2019 and transfer **\$75 to**

Account Name: Catherine McComb  
BSB 083064  
Account Number 874664107  
Reference "Your Name"  
Amount \$75

- B. your child must be a current member of OT, either as an individual member or as part of a family membership. To renew or take out a membership in 2019 go to [http://www.tasorienteeing.asn.au/index.php?option=com\\_content&view=article&id=256&Itemid=981](http://www.tasorienteeing.asn.au/index.php?option=com_content&view=article&id=256&Itemid=981)

### CHILD DETAILS

Child's Full Name: .....

Child's Date of Birth: ...../...../.....

Child's Gender: Male / Female

1. I give permission for my child to attend the Training Camp.
2. I understand that orienteering is a physical outdoor sport and involves my child being alone in the bush, parklands and suburbs navigating their own way around courses including crossing roads open to motor vehicles, going across country and through areas that are open to the public.

3. I understand there are inherent risks of injury in going orienteering and my child must follow safety instructions and will be making decisions about their own safety including crossing roads and creeks, going through the bush, scrambling down earth banks and climbing fences.
4. My child is fit, well and mature and is able to go orienteering and to participate in the Training Camp.
5. I will let the Training Camp Manager or coaches know of any injuries or illness or condition which may impact on my child's ability to participate in any way both as required in this form and as may arise in the future both by email to the Training Camp Manager and through myself or my child telling the coaches.
6. I understand that every effort will be made to contact me/communicate with me prior to any treatment in the event of an accident, illness, or other medical emergency. However, I authorise the Training Camp Manager and coaches to act *in loco parentis* and to consent, where it is impractical to communicate with me, to my child receiving such medical or surgical treatment as may be deemed necessary.
7. My child has the following hypersensitivities or allergies which should be noted in the event of any medical emergency:
8. My child has the following food or drug intolerance, special diets (example vegetarian):
9. My child has these current or recent injuries:



10. My child has these conditions (e.g. asthma, shin splints, learning differences that may require tailored coaching strategies):

11. My child is currently on the following medication (for example asthma treatment medication):

12. I understand that I could be liable in the event that my child causes any wilful and/or accidental damage to property. This includes property belonging to OT as well as to any third parties.

13. I consent to my child being photographed or filmed and for these images to be used for training and by OT in our newsletter, our website, Facebook page and other publicity. OT will comply with the law, consider privacy issues and seek both my and my child's permission for any wider usage.

14. I understand OT is a not for profit community sports organisation reliant entirely on volunteers and has limited sources of funding. I will respect the volunteer coaches and officials. If I have any concerns I will first approach the Training Camp Manager.

Signed: ..... (Parent/guardian).Date: ...../...../.....

Full Name of Parent / Guardian: .....

Best Contact Mobile (parent and if appropriate child):

.....

Best Contact Email (parent and if appropriate child):

.....

# **EMERGENCY CONTACTS**

1. Name and Relationship .....

Phone (home).....(work).....(mobile).....

2. Name and Relationship .....

Phone (home).....(work).....(mobile).....

## **GENERAL MEDICAL INFORMATION** (skip this if you will be attending the camp with your child)

Your doctor (GP): ..... Telephone: .....

Medicare number: ..... Line: .....

If you have:

Private medical insurance: .....

Membership number: ..... Line: .....

**CODE OF CONDUCT**

(Parent to read with Child and Child to sign)

As a participant of the Training Camp I will:

1. Abide by Orienteering Australia's Member Protection Policy, a copy of which can be accessed through <https://orienteering.asn.au/wp-content/uploads/2015/09/1.18-OA-Member-Protection-Policy-Mar-2018.pdf>
2. Respect the rights, dignity and worth of fellow participants, coaches and other officials.
3. Refrain from conduct that could be regarded as harassment towards fellow participants, coaches and other officials.
4. Not tolerate acts of aggression.
5. Respect the talent, potential and development of fellow participants.
6. Care for and respect the equipment and facilities provided to me as part of my participation.
7. Conduct myself in a professional manner relating to language, temper and punctuality.
8. Maintain high personal behaviour standards always.
9. Abide by the rules and respect the decision of officials, making all appeals through the formal process and respecting the final decision.
10. Be honest in my attitude and preparation to training.
11. Obey directions from the coaches and other officials always.
12. Demonstrate good sportsmanship on all occasions.
13. Not engage in any behaviour that would bring the sport or me into disrepute.
14. Accept that there is a total ban on:
  - (i) the use of drugs (except on medical prescription), alcohol and tobacco; and
  - (ii) any other behaviour outside the law.

I understand that any breach of the Code of Conduct may result in penalties including being ineligible for any representational teams and banned from attending any future training camps.

Signed: ..... (Child) Date: ...../...../.....