**Dryandra Junior Camp April 2019**

**Registration Form**

# 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.

# PARTICIPANT DETAILS

**NAME**: ……………………………………………………………………………………………..…. Male/Female

**DATE OF BIRTH:** …………………………………….

**ADDRESS**: ………………………………………………………………….………………………………………………………….

**P/CODE**: …………..……

**PARENTS’ NAMES**………………………………….……………………………………………………………………………..

**PHONE (H**)….……………..….**(M**)…………………..……………………………………………

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

## Bush: Hard Moderate Easy Very Easy / NavDash: Hard Easy/ Metro Series: Long Medium Short

**TRANSPORT**

Does your child need transport to Dryandra? **YES / NO**

Does your child need transport from Dryandra? **YES / NO**

## DIET

Please provide details of any special dietary requirements:

……………………………………………………………………………………………………………

……………………………………………………………………………………………………………

## 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:

………………………………………………………………………………………………………………………………………………….

……………………………………………………………………………………………………………………………………………….…

………………………………………………………………………………………………………………………………………………….

Parents, please indicate your wishes regarding the following:

Permission **IS / IS NOT** given for the organisers to take …………………………………………………………….

(child’s name) 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 - Participant]

## PARENT APPROVAL

I give permission for my son/daughter to attend the OWA Dryandra Junior Training Camp on 15th to 17th April 2019.

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

**PARENT ACCOMMODATION**

Please indicate whether you will attend the Camp and require accommodation:

I/we will require accommodation at the Camp: Monday night / Tuesday night / both nights.

I/we will assist with the Camp Catering program.

Names: ………………………………………………………………………………………………………………………………………………………………..

**CAMP FEES**

Basic Fee (covers accommodation and all meals, map printing, and coaching costs):

11 & under $80.00

12 & over $90.00

Barna Mia Excursion: 15 & under $11.00

16 – 20 $16.00

(In Eventor, you will need to choose the appropriate Barna Mia payment from the Add Services menu.)

PAYMENTS SHOULD BE MADE VIA EVENTOR.

PLEASE DOWNLOAD AND SEND THE COMPLETED REGISTRATION FORM DIRECT TO TONY SIMPKINS, email [simmo@iinet.net.au](mailto:simmo@iinet.net.au) .