**Dryandra Junior Camp April 2019**

**Registration Form for Junior Nomads**

# NOTE

As camp organisers 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**: …………..……

**MOBILE PHONE**: …………………………………… **EMAIL:** …………………………………………………………………

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

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

**TRANSPORT**

Do you need transport to and 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:

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

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

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

Please indicate your, (or your parents if under 18) wishes regarding the following:

Permission **IS / IS NOT** given for the organisers to take me to a doctor or hospital for medical assistance.

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 I will be dismissed from the Camp if my behaviour is not appropriate.

……………………………………………………………………………………………………...[Signed - Participant]

## PARENT APPROVAL (if under 18)

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): $90.00

$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)