



Mini Cyclones Orienteering Camp –2019 Application Form

Dates: Saturday 4th May – Monday 6th May (Labour Day long weekend)

Venue/Accommodation: Camp Leslie Dam (YMCA) via Warwick. All meals from dinner on Saturday night to dinner on Sunday are provided. Lunch on Saturday is BYO or buy in Warwick. On Monday we'll have breakfast together in Warwick.

Food Preparation: It would be appreciated if most of us could bring some home baking for morning and afternoon teas ☺.

Eligibility: The camp is open to junior club members from 11 -14 years with a minimum navigation standard of an unassisted Very Easy course in the bush in a reasonable time. Inexperienced 15-year old's are also welcome.

Cost: Camp costs for this age group are secured by sporting grants via Orienteering Queensland. One or two parents are also invited to attend at no cost, and younger siblings may also be catered for. Please contact Marion (see below).

Transport: Parents are responsible for getting their children to and from Leslie Dam. Parents who attend the camp provide the transport in their cars to and from venues each day. Parents whose children are unaccompanied will need to give permission for their children to travel with another adult whilst on camp.

Equipment: Clothes for the three days (casual and running), toilet gear, towel, good quality jogging shoes, sandals or thongs for around the camp, orienteering compass and whistle, hat and sunscreen, water bottles (min 2 Litres), raincoat, swimmers, sleeping bag/sheets and blanket, pillow, personal medication, insect repellent.

Coaches: Marion and Philip Burrill. There will also be other experienced helpers including past and present Qld Juniors.

Camp Parents: All parents are encouraged to live in and assist leaders with the camp arrangements and orienteering activities. They are also encouraged to participate in activities and improve their own orienteering skills.

Purpose: This camp, spanning three days, is for young, enthusiastic orienteers seeking to improve their skills and confidence through a range of navigational activities. Attendees will be able to seek guidance and constructive feedback from experienced orienteers, both young and old. We hope to create an environment where improvements in their abilities encourage them to further their orienteering participation. It's all about building confidence and having fun!!

Proposed Program:

Day One, Sat 4th May: 10:00am Warwick/Stanthorpe sprint map
12:00pm Lunch, BYO or buy in Warwick
1:30pm Afternoon Activities, Leslie Dam

Day Two, Sun 5th May: Probably Charlies Paddock and Brooklands maps south of Warwick from 9:30am-2:00pm followed by a swim at WIRAC in Warwick.

Day Three, Mon 6th May: Warwick East SS Sprint Camp Champs is a BBB Club event so parents will need to pre-enter themselves and their children prior to camp on Eventor in the course they would normally run. Finish with a relay by 12:30pm.

Camp Registration:

Name: _____

Birthdate: _____

Orienteering Club: _____

Number of Years Orienteering Experience: _____

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

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: pburrill@bigpond.net.au

*Please complete, scan and return this **Registration** and the attached **Medical Form** via email as soon as possible. **Places may be limited so please return forms ASAP.***

Orienteering Queensland

MEDICAL DETAILS FORM

Surname	
Given Name	

Immunisation Details (Please complete. List others as appropriate)			
Injection	Yes	No	Date of Injection
Tetanus			
Hepatitis B			

Do you suffer from asthma?	Yes	No
If Yes list medication		
Are you currently being treated by a medical practitioner?	Yes	No
If Yes list details. NOTE: Please list any current medication.		
Are you suffering from an injury or condition which is likely to be aggravated by competition?	Yes	No
If Yes list details		

Medicare Card No		Position No.	
Cardholder Name (if not in name of student)			
Private Health Insurance Company Name (if covered)			
Private Health Insurance Membership Number			

Please list any other relevant medical history

NOTE:
It is the parents' responsibility to ensure that the student 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 separate correspondence to the Team Management.

Medical Authorisation	
<i>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>	
<i>I authorise the administering of anesthetic if this is deemed necessary by the medical officer attending.</i>	
Signed: _____ (Parent/Caregiver)	Date: _____