

Orienteering Western Australia Junior Summer Camp Registration

January 2021

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?

H M E VE

TRANSPORT

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

Does your child need transport from Camp Q, Albany? **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 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 Junior Training Camp on 15th - 18th January 2021.

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

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

Rob West email: robwest@bigpond.net.au or post to Rob West, Box 279, Glen Forrest WA 6071