



## Parent / Guardian Contact Details

First Name

Surname

Email Address

Parent

Grandparent

Guardian

Family member

Other: \_\_\_\_\_

Address

Suburb

Post Code

Home Phone

Work Phone

Mobile Phone

Is this booking for a child being referred by another Government Department?  Yes  No

If yes please specify which agency and location \_\_\_\_\_

## Contact Details of Person / Organisation Paying (if different from above)

First Name

Surname

Email Address

Organisation Name

  

Address

  

Post Code

## Special Needs

Is there any reason that the participant/s may not be able to physically or mentally participate in the program activities?

Yes  No

Details \_\_\_\_\_

Does your child have any dietary requirement?

Yes  No

Details \_\_\_\_\_

## Further Information -

(For statistical purposes only)

Are the children of Aboriginal or Torres Strait Islander descent?  Yes  No

Are one/both the parents of these children from a culturally or linguistically diverse background or community?  Yes  No

Where did you find out about this holiday program? Please tick one box only.

Newspaper  TV  Brochure  School  Been before  Shopping Centre  Radio

Poster  Friend  Internet  Other: \_\_\_\_\_

## Terms and Conditions

### Cancellations:

The Department of Sport and Recreation reserves the right to cancel a holiday program/s if minimum numbers are not met. Every effort will be made to give reasonable notice to those who have enrolled when a holiday program is cancelled. Those enrolled will be given a full refund.

### Refunds:

1. If a request for a refund is made within seven (7) working days of the holiday program commencement, no refund of holiday program fees will be given (including GST).
2. If a request for a refund is made (and a written request received) seven (7) working days or more prior to the holiday program commencement, a refund will be given less a 20% administration fee of the total holiday program fee (including GST).
3. Refunds will not be given for partial attendance.
4. Refunds will be paid at the completion of the holiday program.

### Participant Behaviour:

All participants are required to conduct themselves in accordance with the Participant Code of Behaviour (*Available on the DSR website*). Failure to do so will result in the parent/guardian being contacted to take the child home. Children sent home for poor behaviour will not receive a refund. DSR does not accept participants who have demonstrated poor behaviour on prior holiday programs.

### Privacy Statement:

The Department of Sport and Recreation will collect and store the information you voluntarily provide to enable processing of enrolments for holiday programs. The information will be provided to presenters and coordinators of the course and their supervisors, where necessary and you consent to this disclosure.

Any information provided will only be accessed by authorised personnel and is subject to privacy restrictions. The information will only be used for the purpose for which it was collected.

### AUTHORITY TO PARTICIPATE -

#### Indemnity and Risk Waiver:

I understand that campsite programs involve outdoor pursuits and may include, roping activities, bush activities, campfire cooking and water-based activities where there is a degree of risk associated with the activity. I understand that although DSR and its service providers attempt to minimise any risk of personal, accidents do happen and all physical activities carry the risk of personal injury. I exclude all Department of Sport and Recreation paid and unpaid staff from any personal liability in respect of any injury or illness that may befall my child while at the camp. I acknowledge that there is an inherent risk of personal injury in physical activities that will be undertaken as part of this program. By agreeing to attend and participate, I waive any future right for my child or any member of my family to claim negligence, except for that which cannot be excluded at law.

Signature (Parent/Guardian)

Date

Name (Please Print)

#### Please Note:

1. The fee must accompany the holiday program booking; otherwise the booking will not be accepted.
2. Enrolment is necessary prior to the commencement of the program to secure your place.
3. A letter confirming the details of your booking will be issued after payment has been received.
4. If more than one child is attending a DSR camp, please ensure a medical form is completed for each child.

**If you require further information/clarification on anything in this package please call the Holiday Camps Administrative Assistant on 9492 9779.**

#### Please return form to:

Department of Sport and Recreation  
PO Box 329  
LEEDERVILLE WA 6937



**General Information**

Full Name of Participant		Male	Female	Date of Birth
<input type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="/ /"/>
Name of Parent / Guardian		<input type="checkbox"/> Parent		
<input type="text"/>		<input type="checkbox"/> Guardian		
Address			Post Code	
<input type="text"/>			<input type="text"/>	
Home Phone	Work Phone	Mobile Phone		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Other Emergency Contact		Relationship to Participant		
<input type="text"/>		<input type="text"/>		
Home Phone	Work Phone	Mobile Phone		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Family Doctor		Phone Number		
<input type="text"/>		<input type="text"/>		
Address				
<input type="text"/>				
Medicare number				
<input type="text"/>				

**Medical History / Information**

- 1. Is your child currently on any medication which is to continue during the camp?**  Yes  No

*If 'yes' please provide details \_\_\_\_\_*  
*(Please ensure that all medication is **labelled with the child's name and correct dosage** as well as explaining any assistance required to administer the medication.)*
- 2. Does your child suffer from any form of asthma?**  Yes  No

*If 'yes' please provide details, including treatment and dosage requirements.*

\_\_\_\_\_

\_\_\_\_\_
- 3. Has your child suffered from any serious illness or injury in the last 12 months?**  Yes  No

*If "Yes" Please specify \_\_\_\_\_*
- 4. Does your child suffer from ankle, knee or joint problems?**  Yes  No

*If "Yes" Please specify \_\_\_\_\_*

5. Does your child suffer from any of the following conditions (please circle)?

- Epilepsy/Fits of any Kind **Yes / No**
- Diabetes **Yes / No**
- Blackouts/Sleep Walking **Yes / No**
- Migraine/Headaches/Dizzy Spells **Yes / No**
- Sight/Hearing Disorders **Yes / No**
- Travel Sickness/Bed wetting **Yes / No**
- Claustrophobia **Yes / No**
- Allergies to Food, Stings or Drugs **Yes / No**
- Allergic to Penicillin or Paracetamol **Yes / No**
- Allergic to Band-aids or Sticking Plaster **Yes / No**
- Attention Deficit/Hyperactive Disorder **Yes / No**
- Autism or Asperger's Syndrome **Yes / No**

**Other:** \_\_\_\_\_

*If 'yes' to any of the above, please provide details, including treatment and dosage requirements.*

---



---



---



---

6. Does your child suffer from any disability or ailment which DSR Staff should be aware?

- Yes       No

*If "Yes" Please specify* \_\_\_\_\_

7. My Child's last tetanus booster injection was in \_\_\_\_\_ (Year)

8. My child can swim unassisted: *(Please tick one)*

- |                        |                          |                          |                          |
|------------------------|--------------------------|--------------------------|--------------------------|
| Non – Swimmer          | <input type="checkbox"/> | Between 50 & 100 metres  | <input type="checkbox"/> |
| Less than 25 metres    | <input type="checkbox"/> | Between 100 & 200 metres | <input type="checkbox"/> |
| Between 25 & 50 metres | <input type="checkbox"/> | More than 200 metres     | <input type="checkbox"/> |

**Authorisation by Parent for Emergency Treatment**

*In the event that my son/daughter requires medical treatment in circumstances where my consent to that treatment would ordinarily be necessary but where it is or proves not possible or practicable to obtain that consent, I authorise the administration or arrangement of such treatment as is regarded as reasonable. I acknowledge responsibility for payment of any associated medical, ambulance, hospital or like expenses.*

Full name of Parent/Guardian (Please Print) \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_



Government of **Western Australia**  
Department of **Sport and Recreation**

## Talent Release Form – Photographic

**Camp:** .....

**Child's Name:** .....

**Parent's Name:** .....

**Address:** .....

I give my permission for the Department of Sport and Recreation to use any photographic image taken of my child/children to be used by the Department of Sport and Recreation in printed publications, on the internet or in other electronic formats for press or print purposes.

If any of these images are used, I hereby consent, without further consideration or compensation to the use (full or part) of images taken for the purposes of illustration, broadcast or distribution of any manner. I understand that negatives and prints remain the property of the Department of Sport and Recreation and that there will be no restrictions on the number of times the image is used. I accept that no payment is due in respect of this authority and that no further payments to me are required at any time.

Upon signing this form I understand that I have no rights to the said material.

Signed (Parent/Guardian only).....

Date .....