

VITIAZ ASSOCIATION AUSTRALIA INC
ST. SERAPHIM'S SUMMER CAMP
BLACKHEATH, N S W

APPLICATION FORM A

Camp from 13/01/2019 to 26/01/2019

(To be completed by parent/guardian for applicant under 18 years of age) Each section must be completed.

Part A

Surname and Christian name _____

Address _____

_____ State _____ Postcode _____

Telephone (home) _____ Mobile _____ Other _____

Parent email: _____

Date and place of birth _____

Part B Medical

Does your child suffer from any chronic illness or disability (Yes, No) _____ If yes, what is its nature? _____

Has your child had (Y/N): measles _____ diphtheria _____ mumps _____ asthma _____ migraines _____ epilepsy _____
diabetes _____ bronchitis _____ any operation _____

What illness(es) has your child had in the past 12 months ? _____

Is your child allergic to any of the following (Y/N): Penicillin _____ Codeine _____ Dust pollens (Hay fever) _____ Bee stings _____

Milk/Dairy products _____ Peanuts/nuts _____ Shellfish _____ other _____

Is your child immunised (Y/N) _____ Is there any medical condition which may preclude your child from participating
in sports/ swimming/ horse riding /rock climbing / bushwalking or any recreational activity (Y/N) _____

Please explain _____

Has your child visited a doctor or had a medical examination in the past 12 months? (Y/N) _____

Name of Family Doctor _____ Contact phone number _____

If you have private health insurance, with which insurance company? _____

Medicare No. _____

Please complete Part C on the next page

Part C

Parent's consent:

- a) In the event of any accident or illness, I authorise the obtaining on my behalf of such medical assistance as my child/ward may require;
- b) I undertake to pay medical fees and/or costs of prescriptions (medicines) which may be incurred while my child/ward is at the camp.
- c) I agree to indemnify the Vitiaz Association Australia Inc against any claim by reason of accident, sickness or otherwise.

Does your child/ward take regular medication (Y/N)? _____ Name of Medication

Dosage required _____ Frequency _____

Due to Dept of Health Regulations no medication may be given to children unless authorised and supplied as stated above by parents. Panadol tablets, Panadol elixir, Mylanta, Dexasal will be held in Camp should it be required by your child.

Please sign below to acknowledge the abovementioned Parental Consent and to authorise the Camp Director administering the above medication if required.

Signature of parent / guardianDate.....

Part D

CONSENT/RECOGNITION OF RISKS

Consent Form for Parent/Legal Guardian (Please read carefully)

To: Vitiaz Association Australia Inc

I.....authorise my child/ward,, to participate in the recreational activity program of the Vitiaz Association Australia Inc Summer Camp.

I understand that some of the activities in which they may participate will be physically demanding and may involve a significant risk of physical harm

I understand certain inherent risks exist in the activities in which my child/ward will be participating. Although the organisation and its instructors will provide appropriate directions and will endeavour to minimise exposure to the risk of harm, these inherent risks are beyond the control of the Vitiaz Association Australia Inc, its volunteers and staff and cannot be avoided by the exercise of reasonable care and skill. Inherent risks include changes in weather conditions and difficulties in obtaining emergency medical assistance.

I am aware that there are some risks that are common to many or all of the activities in which my child/ward may participate, such as the risk of harm caused by varying weather conditions, by uneven or changing terrain and by native flora and fauna. However, some activities in which they may participate carry with them risks of harm that are particular to that activity, such as the following risks:

Soccer/Football

- losing control and colliding with obstacles such as goal posts or other people
- slipping and falling on terrain;
- getting kicked or bumped taking part in the activity;
- getting hit by the ball at high speed.
- being exposed to the elements for long periods of time

Cricket

- slipping and falling on terrain;
- losing control and colliding with obstacles or other people
- getting hit by the ball at high speed.
- being exposed to the elements for long periods of time

Volleyball/Basketball

- losing control and colliding with obstacles such as nets/posts or other people
- slipping and falling on terrain;
- getting bumped taking part in the activity;
- getting hit by the ball at high speed;
- being exposed to the elements for long periods of time

Bushwalking

- slipping and falling on uneven or changing terrain;
- harm caused by native flora or fauna;
- being exposed to the elements for long periods of time;
- harm caused by changing weather conditions;
- use of public roads to get to and from the start and finish

Horse Riding

- Losing control and/or colliding with obstacles including flora and fauna
- falling off the horse
- being kicked and bumped by the horse
- being exposed to the elements for long periods of time

Indoor Rock Climbing

- slipping and falling from hand and foot grips
- being bumped whilst climbing
- tripping over ropes
- being hit by a descending climber

Aerobic Activities

- slipping and falling onto a hard surface
- getting bumped taking part in the activity;

Swimming

- slipping and falling on wet surfaces
- risk of drowning
- being exposed to the elements for long periods of time
- being bumped taking part in the activity

I authorise the Vitiaz Association Australia Inc to arrange medical treatment and emergency evacuation services on behalf of my child/ward and at my cost in the event of their injury or illness, as it deems necessary.

When participating in any of these activities, I will ensure that my child/ward attends with the appropriate personal gear for the activity. I understand that the Vitiaz Association Australia Inc, its volunteers and staff will endeavour to keep personal items safe but that they accept no responsibility for the safekeeping of those items.

I also understand that it is a condition of my child's/ward's participation in any of these activities for me to accurately complete the medical record.

My child's participation in any of the above listed activities is voluntary and not compulsory.

I do not allow my child/ward to participate in the following activities:

.....

Name of Parent or Legal Guardian _____

Signature of Parent or Legal Guardian _____ Date_____

Witnessed by (print name) _____

Signature of Witness _____ Date_____

Please complete Part E on the next page

Part E

By completing this application form you are entering into a contract with the Vitiaz Association Australia Inc for the provision of recreational and educational services to your child/ward.

As such, you agree to abide by the rules which are set by the Camp Administration and your child/ward agrees to obey any reasonable direction and/or instruction given by the Camp Administration, its staff, instructors or delegated persons.

Failure to do so will be deemed to be a breach of this contract and therefore the provision of any or all of the recreational and educational services may be withheld or terminated.

Signature of Parent or Legal Guardian _____

Additional Information

Дополнительные сведения

What is your child's religion? (Вероисповедание) _____

When is your child's Name Day? (Когда день ангела) _____

What are your child's Russian language skills (Русский язык)

- spoken (говорит) _____ reading (читает) _____
- written (пишет) _____ Russian School, completed class (Сколько классов русской школы закончил/а) _____

Can your child swim? (Умеет ли плавать) _____

Favourite sport game (Любимая игра) _____

Favourite activity (Любимое занятие)

What would you like your child to gain from attending the camp (Пожелания родителей)?

Parents' Name and patronymic (Имя и отчество родителей)

OFFICE USE ONLY					
Medical Section completed	Yes	No			
Recognition of Risk completed	Yes	No	Applicant verbally advised	Yes	No
Witness signature completed	Yes	No			
Supplementary information required	Yes	No	_____		
Invoice generated	Yes	No	Invoice No.	_____	
Payment received	Yes	No	Amount \$	_____	
Payment method	Cash	Cheque	Money Order	Other	
Application processed by:	_____		Signature	_____	
				Date	_____