

# Pathways into Womanhood REGISTRATION FORM

## Welcome - Here is some IMPORTANT INFORMATION for all parents/caregivers

Congratulations on choosing to attend this program! It is vitally important that all parents/carers read and understand all the enclosed information. **PLEASE NOTE** that it is a requirement of the Pathways Program that you read, complete and sign the below form. It is our policy that this must be done to ensure your daughter's acceptance to the program.

I/We, being parent/guardian of *(insert girls name)* ....., have read and completed all the information sent to me/us from the Pathways Foundation in relation to the camp which will be held on the dates .....

Name ..... Name .....

Signature ..... Signature .....

### CHECKLIST (Please check that each of the following has been read, completed and returned.)

- Important Note to all parents and caregivers
- Registration form
- Medical Form
- Allergy Form (if applicable)
- Asthma Form (if applicable)
- Consent Form
- Mother/Mentor Medical Form
- Deposit enclosed: please see page 2 for camp costs and page 10 & 11 for payment options.
  - Cheque/money order attached
  - Credit card details completed
  - Internet transfer
  - Funds deposited at Bank

### Please return all forms and deposit to:

Pathways Foundation  
PO Box 416  
Narooma NSW 2546

Fax: 02 8221 9474

E: [admin@pathwaysfoundation.org.au](mailto:admin@pathwaysfoundation.org.au)

Pathways Foundation Limited

ABN: 46 103 232 382

[www.pathwaysfoundation.org.au](http://www.pathwaysfoundation.org.au)

ALL MAIL: Pathways Foundation P.O. Box 416 Narooma NSW 2546

T: 1300 850 766

F: 02 8221 9474

E: [admin@pathwaysfoundation.org.au](mailto:admin@pathwaysfoundation.org.au)

**Pathways Foundation Payment Terms and Refund Policy**

Please note that **Pathways Foundation** is a non-profit organization. We often have waiting lists for our programs AND we find it very difficult to fill places at short notice. We incur a lot of overheads to run our programs and aim to keep costs for participants as low as possible. For this reason, we have the following payment terms and refund policy:

1. The cost of the Pathways into Womanhood programs for 2010 is \$1,950.00 per mother/daughter couple which includes, accommodation, food and facilitation cost
2. A deposit of \$600 is required to secure your place on the program at the time of registration.
3. The \$600 deposit paid as part of your registration process is **NON REFUNDABLE**.
4. You are required to pay the balance of your fees 8 weeks prior to the commencement of the program to secure your position.
5. If you cancel your booking 8 weeks or more prior to the commencement of the program:
  - a. You may transfer your deposit and other paid fees to another scheduled program.
  - b. You may ask for your deposit and other paid fees to be held until you nominate another program to transfer your fees to. Your paid fees will be held for a maximum of 12 months from the time of cancellation, after which the fees will no longer be transferable and will be treated as a cancellation fee by Pathways Foundation.
  - c. You may ask, at the time of cancellation, for your paid fees other than your non-refundable deposit to be refunded.
6. If you cancel your booking less than 8 weeks prior to the commencement of the program:
  - a. If the program was at its maximum participant number for that site, Pathways Foundation will review its waiting list. If a replacement can be found the deposit and other paid fees will be treated as transferable.
  - b. If the program had not reached its maximum participation number the deposit and any paid fees will be **NON REFUNDABLE** and treated as a cancellation fee as the program will run incurring full food, personnel and site costs.
  - c. If there are extenuating circumstances leading to a cancellation within 8 weeks of the program commencing, any deposit and program fees **MAY** be treated as transferable on the approval of either the Operations Manager or CEO. Please provide Pathways Foundation with a written request detailing the circumstances of your cancellation.
7. Please refer [www.pathwaysfoundation.org.au](http://www.pathwaysfoundation.org.au) to ensure you have the latest registration form and terms. Prices may be subject to variation. .
8. We have a policy that no person should be prohibited from participating in this important program for financial reasons. "I require financial assistance to meet the costs and terms of the program. Please send us your **Financial Assistance Information Pack** which details your **Payment Plan** and **Scholarship** options".

I have read and understood these payment terms and conditions. Yes / No

**Signed (person who is responsible for paying)** ..... **Date:** .....

**Date and location of camp:**.....

**Name of attending girl**.....

Address .....

State ..... Postcode .....

Phone..... Date of Birth .....

Email .....

School .....

**Accompanying Woman/Mother** ..... Relationship .....

Address .....

State..... Postcode .....

Phone: home ..... work ..... mobile .....

Email .....

**Father/Male** ..... Relationship .....

Address .....

State..... Postcode .....

Phone: home ..... work ..... mobile .....

Email .....

**Please note: We prefer to use email to communicate with camp participants. If you do not receive an email acknowledging receipt of your registration, please contact the Pathways Foundation office.**

**PLEASE TICK HERE IF YOU DO NOT HAVE EMAIL ACCESS and we will mail it to you.**

**Name and contact details of person who is paying** .....

Address .....

State..... Postcode .....

Phone: home ..... work ..... mobile .....

Email .....

**What are the current living arrangements of the girl participating?** Please tick:

Lives with     mother     father     other: .....

Please give names and contact details of other parents, step parents or carers that wish to be involved in the program

Name..... Relationship .....

Address .....

State..... Postcode .....

Phone: home ..... work ..... mobile .....

Email .....

Name ..... Relationship .....

Address .....

State..... Postcode .....

Phone: home ..... work ..... mobile .....

Email .....

**Where did you hear about the Pathways into Womanhood program?**

.....

**Pathways Foundation**

**MEDICAL FORM**

Name of girl \_\_\_\_\_

Pathways programs involve outdoor activities. Does she have any medical condition that we need to be aware of or is she on any medication? **YES / NO**

If YES please give details \_\_\_\_\_  
\_\_\_\_\_

Name and number of person to be contacted in case of emergency \_\_\_\_\_  
\_\_\_\_\_

Name of GP and contact information \_\_\_\_\_  
\_\_\_\_\_

*The following information may prove useful in the event of a medical emergency or in determining a participant's fitness for a given activity.*

**Does she experience (please tick)**

- Seizures                       Heart condition                       Diabetes                       Migraine
- Dizzy spells                       Sleep disorders                       Blackouts                       Epilepsy
- Travel sickness                       Disability                       Recent or recurrent illness

**Is there any other information we need to know? YES / NO**

If YES to any of the above please elaborate \_\_\_\_\_  
\_\_\_\_\_

Year of her last Tetanus booster? \_\_\_\_\_

Does she have any dietary needs? \_\_\_\_\_  
\_\_\_\_\_

**Menstruation:** Has she started menstruating? **YES / NO**  
 If Yes, how long has she been having periods: \_\_\_\_\_  
 If No, does she know about menstruation? **YES / NO**  
 Does she have any problems with her periods? \_\_\_\_\_  
 \_\_\_\_\_

**Swimming:**

- Poor (nothing more than dog paddle)
- Minimal (some strokes, only limited ability to 25m)
- Good (strong swimmer, can confidently swim 50m in variety of conditions)
- Excellent (able to swim 100m confidently or 50m fully clothed)

I hereby declare that the above information is true and correct.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
**(Mother/Accompanying Woman)**

Name of girl \_\_\_\_\_

**Has she had an allergic reaction? YES / NO**

If yes, please complete below:

What may trigger an allergic reaction?

- Insect bites                       Plant pollens                       Plants                       Food groups or additives
- Penicillin                       Food                       Animals                       Detergents or cleaning agents
- Other drugs (please specify) .....
- Other allergies (please specify) .....

**What are the signs and symptoms of her reaction?** .....

.....

.....

**What is her Treatment Plan?** (please ensure she carries required medication with her at all times)

	<b>Medication</b>	<b>Dosage</b>
<b>Prevention</b>		
<b>Treatment during reaction</b>		
<b>Treatment after reaction</b>		

**Four vital questions**

- Is the reaction local or general?
- Has she ever been hospitalised due to an allergic reaction? Is the reaction life threatening?
- Does she have an anaphylactic reaction to her allergy?
- Is adrenaline administered when she has an allergic reaction?

If yes please give details below

.....

.....

**Is there any other information we need to know? YES / NO**

Signed ..... Date: .....

(Mother/Accompanying Woman)

Name of girl \_\_\_\_\_

**Does she have asthma? YES / NO**

If yes, please complete below.  
*(This information is of vital importance in the event of an asthma attack, as it will assist in the speedy provision of correct treatment. Please complete accurately and with as much detail as possible).*

**What may trigger an asthmatic reaction?** (food, exercise, cold weather, pollen)  
 .....  
 .....  
 .....

**What are her usual symptoms?** (wheezing, coughing, tightness in chest, difficulty breathing, other)  
 .....  
 .....  
 .....

**Her asthma management plan?** (please ensure she carries required medication with her at all times)

	<b>Medication</b>	<b>Dosage</b>	<b>How often?</b>
<b>Preventative</b>			
<b>Reliever</b>			
<b>Treatment during an attack</b>			

**Does she require asthma medication most weeks of the year? YES / NO**

**Has she been admitted to hospital due to asthma in the last 12 months? YES / NO**

**Does she suffer from sudden asthma attacks requiring hospitalisation? YES / NO**

**Is there any other information we need to know? YES / NO**

**Signed** ..... **Date:** .....  
 (Mother/Accompanying Woman)

**Name of Mother/Accompanying Woman** \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Do you have any medical condition that would make it difficult for you to take part in gentle morning exercises? **YES / NO**

If YES please give details \_\_\_\_\_  
\_\_\_\_\_

Do you have any medical condition that we need to be aware of or are you on any medication? **YES / NO**

If YES please give details \_\_\_\_\_  
\_\_\_\_\_

**Name and number of person to be contacted in case of emergency** \_\_\_\_\_  
\_\_\_\_\_

**Name of GP and contact information** \_\_\_\_\_  
\_\_\_\_\_

**Do you have any specific dietary needs?** \_\_\_\_\_  
\_\_\_\_\_

**Is there any other information we need to know?** **YES / NO**

**If YES to any of the above please elaborate** \_\_\_\_\_  
\_\_\_\_\_

I hereby declare that the above information is true and correct.

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_  
**(Mother/Accompanying Woman)**

**Name of attending girl** .....

- I/we being the parent/guardian of the above-mentioned attending girl declare that I/we understand that the activities may involve running, jumping, dancing, water and use of specially designed adventure equipment thus exposing my/our girl to situations and physical activity not encountered in a classroom.
- I/we acknowledge that while **Pathways** and its staff will make every reasonable effort to minimise exposure to known risks, all hazards and dangers associated with these activities cannot be foreseen or may be beyond the control of **Pathways** and its staff.
- I/we hereby indemnify **Pathways** and its staff against any claim for accident or injury to my/our child during the course of the program.
- I/we understand that my/our girl's involvement in the **Pathways** program may mean that she is remote from immediate medical help. I/we have provided **Pathways** with enough written information to deal appropriately with the attending girl's medical condition.
- I/we further authorise **Pathways**, in the event of any injury or illness, and where it is not possible or reasonable to obtain my/our consent at the time, to engage a Medical Practitioner, Ambulance or hospital facilities. In this event I/we agree to pay all such emergency evacuation, Ambulance, Doctor, Nurse and /or hospital expenses.
- I/we have read the Frequently Asked Questions and other accompanying documents, and understand the level of involvement required of me/us.

**Accompanying woman (parent/guardian):**

**Man (parent/guardian):**

Name .....

Name .....

Signature .....

Signature .....

**Pathways Foundation**

**ACCOUNT PAYMENT OPTIONS**

You can pay your \$600 **deposit** by the following methods:

1) Pay by **cheque or money order** made payable to **Pathways Foundation Limited**

2) Pay by **internet transfer**      Account name: Pathways Foundation Limited,  
BSB: 082 729  
Account number: 551 510 453

**Please put your last name in the subject line and email or fax deposit notification**

3) Pay by **credit card** by completing the details below and returning this form to us by fax or mail.

Your Name:.....			
Address: .....			
Telephone contact number: .....			
<b>Credit Card Information: Card type:</b>			
<input type="checkbox"/> Bankcard	<input type="checkbox"/> Mastercard	<input type="checkbox"/> Visa	
<b>Account No:</b>			
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Name on card:</b> .....			
<b>Amount to be charged to the above account: \$</b> .....			
<b>Signature</b> .....		<b>Expiry date</b> ...../.....	

**Please return all forms and deposit to:**

Pathways Foundation  
PO Box 416 Narooma NSW

Fax: 02 8221 9474 or scan and Email: [admin@pathwaysfoundation.org.au](mailto:admin@pathwaysfoundation.org.au)

***Please detach this form and keep to enable you to make your final camp payment.***

You can pay the **balance of your account** by the following methods:

1) Pay by **cheque or money order** made payable to **Pathways Foundation Limited**

2) Pay by **internet transfer**      Account name: Pathways Foundation Limited,  
BSB: 082 729  
Account number: 551 510 453

**Please put your last name in the subject line and email or fax deposit notification**

3) Pay by **credit card** by completing the details below and returning this form to us by fax or mail.

Your Name:.....
Address: .....
Telephone contact number: .....
<b>Credit Card Information: Card type:</b>
<input type="checkbox"/> Bankcard <input type="checkbox"/> Mastercard <input type="checkbox"/> Visa
<b>Account No:</b>
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Name on card:</b> .....
<b>Amount to be charged to the above account: \$</b> .....
<b>Signature</b> ..... <b>Expiry date</b> ...../.....

**Please return to:**

Pathways Foundation  
PO Box 416  
Narooma NSW 2546                      or                      Fax: 02 8221 9474