

# Pathways to Manhood

## REGISTRATION FORM

### IMPORTANT INFORMATION for all parents and caregivers

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 son's acceptance to the program.

I/we, being parent/guardian of (*insert boys 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
- Father/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 Ltd  
PO Box 416  
Narooma NSW 2546

Fax 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 camps AND we find it very difficult to fill places at short notice. We incur a lot of overheads to run our camps 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 to Manhood camp is \$1600 (\$800 per participant).
- 2 A camp deposit of \$600 is required to secure your place on the camp at the time of registration.
- 3 The camp deposit paid as part of your registration process is NON REFUNDABLE.
- 4 You are required to pay the balance of your camp fees 8 weeks prior to the commencement of the camp to secure your position.
- 5 If you cancel your booking 8 weeks or more prior to the commencement of the camp:
  - a. You may transfer your deposit and other paid camp fees to another scheduled camp.
  - b. You may ask for your deposit and other paid camp fees to be held until you nominate another camp 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 camp 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 camp:
  - a. If the camp 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 camp fees will be treated as transferable.
  - b. If the camp had not reached its maximum participation number the deposit and any paid camp fees will be NON REFUNDABLE and treated as a cancellation fee as the camp will run incurring full food, personnel and site costs.
  - c. If there are extenuating circumstances leading to a cancellation within 8 weeks of the camp commencing, any deposit and camp 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 boy** .....

Address .....

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

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

School .....

Email .....

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

Address .....

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

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

Email .....

**Mother/Accompanying Woman** ..... 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 boy 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 to Manhood program?**

.....

**Name of attending boy**.....

Family doctor ..... Phone .....

Address .....

Medicare no: .....

Private Healthcare fund ..... M'ship no: .....

*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 the attending boy suffer from: (please tick)**

- Fits of any kind                       Heart condition                       Diabetes                       Migraine
- Dizzy spells                               Sleep disorders                       Blackouts                       Epilepsy
- Travel sickness                       Disability                       Recent or recurrent illness

Any other information which we may need to know? YES/NO

*If YES to any of the above please specify* .....

Year of last tetanus booster: .....

**Does the attending boy have any dietary needs?** YES/NO

*If YES please specify*.....

**SWIMMING ABILITY**

- Unable** nothing more than a dog paddle
- Poor** strokes, only limited ability beyond domestic swimming pool
- Good** Strong swimmer, able to confidently swim at least 50m in a variety of conditions, surf, lakes, rivers
- Excellent** able to swim 100m confidently or 50m fully clothed

Name of boy \_\_\_\_\_

**Has he 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 his reaction?** .....

.....

.....

**What is his Treatment Plan?** (please ensure he carries required medication with him 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 he ever been hospitalised due to an allergic reaction? Is the reaction life threatening?
- Does he have an anaphylactic reaction to her allergy?
- Is adrenaline administered when he has an allergic reaction?

If yes please give details below

.....

.....

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

**Signed (parent/guardian)** ..... **Date:** .....

Name of boy \_\_\_\_\_

**Does he 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 his usual symptoms?** (wheezing, coughing, tightness in chest, difficulty breathing, other)  
 .....  
 .....  
 .....

**His 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 he require asthma medication most weeks of the year? YES / NO**

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

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

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

**Signed (parent/guardian) ..... Date: .....**

**Name of Accompanying male** .....

Do you have any medical condition that would make it difficult for you to walk up to 5kms across moderate terrain or 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 of GP: .....

**Do you have any dietary needs?** YES/NO

*If YES please specify*.....  
.....

Details of person to be contacted in case of emergency

Name .....

Phone: Home ..... Work ..... Mobile .....

I hereby declare that the above information is true and correct

**Signed** ..... **(accompanying male) Date** .....

Name of attending boy .....

- I/we being the parent/guardian of the above-mentioned attending boy declare that I/we understand that the activities may involve running, jumping, water and use of specially designed adventure equipment thus exposing my/our son 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 son's involvement in the **Pathways** Program may mean that he is remote from immediate medical help. I/we have provided **Pathways** with enough written information to deal appropriately with the attending boy's medical conditions.
- 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 male (parent/guardian):**

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

Name .....

Name .....

Signature .....

Signature .....

**Pathways Foundation**

**ACCOUNT PAYMENT OPTIONS**

You can pay your **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 Ltd  
PO Box 416  
NAROOMA NSW 2546

Fax 02 8221 9474

***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> ...../.....	

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