

YoungSTARS

REGISTRATION FORM

IMPORTANT INFORMATION for all parents and caregivers

I _____, am the *(please insert relationship)* _____

of *(insert boys name)* _____, and have read and completed all the information sent to me from the Pathways Foundation in relation to the 'Young Stars' camp which will be held on _____ 2010, at _____.

Name _____

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

Please return all forms to:

Pathways Foundation Ltd
PO Box 416
NAROOMA NSW 2546

Fax 02 8221 9474

E: 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 Young Stars Camp is \$300
- 2 You are required to pay the balance of your camp fees 8 weeks prior to the commencement of the camp to secure your position.
- 3 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, at the time of cancellation, for any paid camp fees to be refunded.
- 4 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 any paid camp fees will be NON REFUNDABLE and treated as a cancellation fee as the camp will run incurring 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 National Training Manager or CEO. Please provide Pathways Foundation with a written request detailing the circumstances of your cancellation.
- 5 These terms are current as at 1.1.2008.

I have read and understood these payment terms and conditions.

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

Name of attending boy _____

Address _____

State _____ Postcode _____

Phone _____ DOB _____

School _____

Email _____

Accompanying Male/ Father _____ Relationship _____

Address _____

State _____ Postcode _____

Phone: home _____ work _____ mobile _____

Email: _____

Mother/ Female Carer _____ Relationship _____

Address _____

State _____ Postcode _____

Phone: home _____ work _____ mobile _____

Email: _____

Where did you hear about the YoungStars program?

Name of attending boy _____

Pathways programs involve outdoor activities. **Does the attending boy have any medical condition that we need to be aware of or is he 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 the attending boy 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 _____

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

Does the attending boy have any dietary needs?

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

Signed _____ **Date** _____

Name of attending boy _____

Has the attending boy ever 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 the attending boy's reaction?

.....

What is the attending boy's Treatment Plan? (please ensure you carry required medication with you at all times)

	Medication	Dosage
Prevention		
Treatment during reaction		
Treatment after reaction		

Four vital questions

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

If yes please give details below

.....

Is there any other information we need to know? Yes / No

Signed **Date:**

Name of attending boy _____

Does the attending boy 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 asthma reaction? (food, exercise, cold weather, pollen)

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

Attending boy's Asthma Management Plan? (please ensure you carry required medication with you at all times)

	Medication	Dosage	How often?
Preventative			
Reliever			
Treatment during an attack			

Does the boy require asthma medication most weeks of the year? **Yes / No**

Has the boy been admitted to hospital due to asthma in the last 12 months? **Yes / No**

Does the boy suffer from sudden asthma attacks requiring hospitalisation? **Yes / No**

Is there any other information we need to know? **Yes / No**

Signed **Date:**

Name of attending boy _____

- I _____ being parent/ guardian of the above-mentioned attending boy declare that I understand that the activities may involve running, jumping, water and use of specially designed adventure equipment thus exposing my son to situations and physical activity not encountered in a classroom.
- I 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 hereby indemnify **Pathways** and its staff against any claim for accident or injury to my child during the course of the program.
- I understand that my son's involvement in the **Pathways** Program may mean that he is remote from immediate medical help. I have provided **Pathways** with enough written information to deal appropriately with the attending boy's medical conditions.
- I further authorise **Pathways**, in the event of any injury or illness, and where it is not possible or reasonable to obtain my consent at the time, to engage a Medical Practitioner, Ambulance or hospital facilities. In this event I agree to pay all such emergency evacuation, Ambulance, Doctor, Nurse and /or hospital expenses.

Signed: _____ (parent/guardian) Date: _____

Name of Father/Mentor _____

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?

If YES please give details _____

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

I hereby declare that the above information is true and correct

Signed _____ **(parent/guardian) Date** _____

You can pay your \$300 **camp fee** 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:
Credit Card Information: Card type:
<input type="checkbox"/> Bankcard <input type="checkbox"/> Mastercard <input type="checkbox"/> Visa
Account No:
<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"/>
Name on card:
Amount to be charged to the above account: \$
Signature Expiry date/.....

Please return all forms and payment to:

Pathways Foundation Ltd
PO Box 416
NAROOMA NSW 2546

Fax 02 8221 9474