



Darebin City Council's Summer Camps Registration Form

Please bring this form to your compulsory orientation session

Enrolment Information

Personal Details

Name:

.....

Address:

.....

..... Postcode:

☎ Phone:

✉ Email:

Date of Birth:..... Sex: Male Female

Emergency Contact Person *(This person must be available for contact during each event that you attend)*

First Contact:

Name: Relationship:

Address:.....

..... Postcode:

☎ Phone: (H)

(W)(M)

Second Contact: *(Different household, i.e. other relative, Need to be over 18 years of age)*

Name: Relationship:

Address:

..... Postcode:

Phone: (H).....
 (W) (M)

Medical Details:

Doctors Name: ☎ Phone:

Name of private health insurance provider:

Does your health insurance provide ambulance membership? No Yes

Ambulance membership is compulsory for attendance at this camp. If you do not have ambulance membership please contact the DOSA project worker to discuss.

Allergies / Medical Conditions:

Do you have any medical or physical conditions? (*i.e.: food allergies, Asthma, Epilepsy, anxiety attacks etc*)

No Yes

.....

In the instance of a condition please describe what happens?

Please list any triggers (types of foods, noise levels, crowded areas, weather temperature), the severity, how long the attacks last and the last time an attack occurred. If you have an action plan please provide a copy with the return of this form.

Before	During	After

Do you have a diagnosed disability? No Yes
 If yes, what is the nature of the disability?

.....

Medication:

Do you take any medication or need to have any administered during program hours? No Yes please fill details in table.

Medication and Strength	Taken For	Times of Administration and Dosage				How is it Administered
		AM	AM	PM	PM	

General Permission Details:

Do you give permission for you to be photographed for publicity purposes or for use in council publications?
 No Yes

Can you swim? No Yes

Indicate swimming skill

Beginner Intermediate Advanced

TELL US ABOUT YOURSELF

Nationality:

Where are you studying?

How long have you been in Australia?

Please tell us about your experiences with DOSA (or a similar organization) in the past?

What benefits do you want to get from attending this camp?

What do you think DOSA's goals should be for the future?

What do you think could make DOSA a better organisation in the future?

Please Complete and Sign

I, (PRINT) _____ agree to abide by the conditions of the City of Darebin Summer Camp.

- I understand that the fee of \$60 will be paid upon receipt of invoice, and am aware that there will be NO refunds of fees regardless of non-attendance or sickness, unless cancellation is made one week prior to the program commencing.
- I will inform the DOSA Project Worker of my absence.
- I acknowledge that I will not attend the program if suffering from an infectious or contagious disease.
- I authorise you, in the event of any accident or illness, to obtain medical assistance, and agree to meet any associated expenses.
- I accept that once I leave the program, Camp employees are no longer responsible for me.

Signed:.....

Dated:/...../..... Yes No

INCOMPLETE FORMS WILL NOT BE PROCESSED AND FAXES WILL NOT BE ACCEPTED.

Privacy Statement

The Darebin Youth Services Summer Camp uses the registration form to collect personal information for the purpose of program enrolment and statistical recording. The information may be shared with funding agencies and administrators for operational purposes only. The information will not be disclosed to any other party except as required by law. You will be able to amend or correct information on request.

PAYMENT OPTIONS:

Payment for the Darebin Youth Services Summer Camp can be made by money order, cheque or cash to staff on orientation day.

Money Orders / Cheques should be made out to Darebin Youth Services

and posted to; Jacqui Faliszewski
Northland Youth Centre
c/- Darebin City Council
PO Box 91
Preston 3072

Please write on the back of the cheque that it is for the DOSA and Darebin Youth Services Summer Camp

**RULES AND CONSEQUENCES FOR
CITY OF DAREBIN YOUTH PROGRAMS**

**TO BE SIGNED AND AGREED TO BY ALL PARTICIPANTS IN THE
SUMMER CAMP**

1. I will carry out instructions and directions given to me by the Staff, Leaders or Instructors while attending the City of Darebin Summer Camp.
2. I will not behave in a manner which will endanger myself, or any other participants in the City of Darebin Summer Camp.
3. I will use language which is appropriate and will not offend anyone involved with the Summer Camp.
4. I will respect other members of the community who are using the same facilities as we are.

I understand and accept the above rules. I realise that if I break these rules, I may not be allowed to participate in the remainder of the Summer Camp.

Signed _____



Darebin Overseas Student Advisory
Committee