



The life of the beach.

# Surf Life Saving Lower North Coast 2009 13-14 Newcastle Permanent Leadership Development Camp

Club Preferential Order 1 2 3 4 5 6 7 8 9

✓ Please print clearly.

### Privacy

These personal details are being collected by Surf Life Saving for the purpose of selecting participants for the 2009 Leadership Development Camp. This information will only be disclosed to Surf Life Saving for the purpose of selecting applicants. You have the right to access the information held about you by Surf Life Saving.

### Personal details

|                   |                                       |                               |  |
|-------------------|---------------------------------------|-------------------------------|--|
| First Name        | <input type="text"/>                  | Last Name                     | <input type="text"/>                               |
| Date of birth     | <input type="text"/>                  | Male / Female (please circle) | <input type="text"/>                               |
| Club              | <input type="text"/>                  |                               |  |
| Address           | <input type="text"/>                  |                               |  |
| Address           | <input type="text"/>                  |                               |  |
| Suburb            | <input type="text"/>                  | State                         | <input type="text"/> Postcode <input type="text"/> |
| Phone (H)         | <input type="text"/>                  | Phone (W)                     | <input type="text"/>                               |
| Phone (M)         | <input type="text"/>                  | Fax                           | <input type="text"/>                               |
| Email             | <input type="text"/>                  |                               |  |
| Clothing Details: | <i>Please Circle selection (size)</i> |                               |  |
|                   | <input type="checkbox"/> XS           | <input type="checkbox"/> S    | <input type="checkbox"/> M                         |
|                   | <input type="checkbox"/> L            | <input type="checkbox"/> XL   | <input type="checkbox"/>                           |

Please Indicate : Candidate  
Team Leader  
Chaperone

|                          |
|--------------------------|
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |

## Club Endorsement

|                 |  |      |
|-----------------|--|------|
| Club name _____ | Name, position and signature of club contact<br>_____<br>Name<br>_____<br>Position<br>_____<br>Signature | Date |
|-----------------|--|------|

Applications must be received by the Branch by \_\_\_\_\_

**9<sup>TH</sup> November 2009**

Applications will not be accepted if the club has not endorsed and circled the club preferential order.

The cost for SLS Lower North Coast Clubs is \$50 per child.

**DO NOT SEND PAYMENT / CLUBS TO BE INVOICED.**

Clubs must provide chaperones based on the number of their participants  
1-5 participants – One (1) chaperone  
more than 5 participants – Two (2) chaperones

Return completed application to:

Phil Spicer

17 Dubbo Place Coomba BayNSW 2428

✉ [president@slsinc.org.au](mailto:president@slsinc.org.au) ☎ (02) 65542259

**By: Monday 9<sup>TH</sup> November 2009**

**Whatever it takes.**



Here for good.



## Medical Form and Emergency Contact

Participants Name: \_\_\_\_\_

Date of last anti-tetanus injection: \_\_\_\_\_

Do you suffer from asthma: Yes                      No

Medication available: \_\_\_\_\_ Allergies:

\_\_\_\_\_

Medicare Number                                      Health Care Card Number

\_\_\_\_\_

\_\_\_\_\_

Private Health Insurance Fund Provider

Membership Number

\_\_\_\_\_

\_\_\_\_\_

Special Dietary Requirements

\_\_\_\_\_

\_\_\_\_\_

Have you suffered from any injury or condition which is likely to be aggravated?

\_\_\_\_\_

### Emergency Contact Details:

Name: \_\_\_\_\_

Relationship (to participant): Day Time \_\_\_\_\_

Contact Number: \_\_\_\_\_

Evening Contact Number: Mobile: \_\_\_\_\_

\_\_\_\_\_

**PLEASE CIRCLE EITHER YES OR NO – BUT NOT BOTH**

|  |     |    |
|--|-----|----|
| <p><b>1. Is there any reason your child cannot participate in any of the activities?</b><br/>           .....</p>  | YES | NO |
| <p><b>2. Does your child suffer from any chronic illness or disability?</b><br/>           .....</p>   | YES | NO |
| <p><b>3. Has your child been treated by a medical practitioner for any injury or illness during the last four weeks? (If YES please give details).....</b><br/>           .....</p>  | YES | NO |
| <p><b>4. Does your child suffer from:</b></p> <ul style="list-style-type: none"> <li>i. Any allergic condition?</li> <li>ii. Diabetes?</li> <li>iii. Skin condition?</li> <li>iv. Epilepsy, Fits or Blackouts</li> <li>v. Sleepwalking</li> </ul>  | YES | NO |
| <p><b>If YES to any of the above, please give details.</b><br/>           .....</p>  |     |    |
| <p><b>5. Is your child taking any mixture, tablets, or any other form of medication?</b><br/> <b>Name of medication                      Dosage                      Time Taken                      Reason</b><br/>           .....</p>   | YES | NO |
| <p><b>6. Does your child suffer from Asthma?</b><br/> <b>If YES, please send your child' peak flow meter with them on the trip</b><br/> <b>If YES please provide the following details</b></p> <ul style="list-style-type: none"> <li>i. Peak flow (lung function).....(a 3 digit number)</li> <li>ii. Frequency of attacks.....</li> <li>iii. Has your child ever been admitted to hospital for an asthma attack?</li> <li>iv. What medication is being administered to your child for asthma<br/>           .....</li> </ul> | YES | NO |
| <p><b>7. Does your child have any allergy/adverse reaction to any medication?</b><br/> <b>If YES please give details</b><br/>           .....</p>  | YES | NO |
| <p><b>8. Has your child had the combined Diphtheria Tetanus booster</b><br/> <b>If YES what year was the booster injection given.....</b></p>  | YES | NO |





**Surf Life Saving Lower North Coast  
Leadership Development Camp  
Parental Consent Form (U18 Participants Only)**

I hereby give my consent for my son/ daughter ..... to participate in the Lower North Coast & Mid North Coast Branch Leadership Development Camp to be held from 27<sup>th</sup> 28<sup>th</sup> & 29<sup>th</sup> November 2009.

I agree that, during the period of the camp in which my son/ daughter participates, and during such travelling and other activities as may be deemed necessary, my son/ daughter shall be under the sole direction of the persons duly appointed in charge of the camp in which he/ she is included.

I further agree to meet the cost of such medical assistance which may be deemed necessary for any illness, accident or unforeseen circumstances which may occur during the period of the activities in which my son/ daughter participates and during such travelling to and from such activities and participating in such other activities as may be deemed necessary from time to time. I authorise the administering of such medical treatment including the use of anaesthetic, as may be deemed necessary by the Medical Officer attending.

I indemnify and agree to keep indemnified Surf Life Saving Lower North Coast, and associated bodies, its members, servants and agents, from all actions, suits, claims and demands by or on behalf of my son/ daughter or by me/ us and my spouse for any injury or loss (whether personal injury or otherwise) and whether incurred as a result of any alleged neglect, breach of duty, lack of care or otherwise suffered by my son/ daughter whilst participating in any of the activities above, or whilst travelling to or from the same or whilst undergoing any medical or other treatment which may be required from time to time.

Signed: .....  
(Parent/ Guardian)

Date: ...../...../.....

Please indicate . Do or Do not.

I do/ do not wish my personal details to be distributed to other participants for the purpose of networking in the future.





**2009 JUNIOR LEADERSHIP  
DEVELOPMENT CAMP  
Photo/Video/Film/Digital Image Release  
Form**

I, \_\_\_\_\_

(Insert parent name) being the parent/guardian

of \_\_\_\_\_

(Insert Participant Name)

Give consent to use and reproduce photographic/video/film/digital images of my above-named son/daughter – for educational and/or promotional purposes including reproduction in the SLSA newsletter, local newspapers, inclusion on the Lower North Coast Branch website, or for any other use as deemed appropriate by Surf Life Saving Lower North Coast Branch Inc.

Signed \_\_\_\_\_

Date \_\_\_\_\_



LOWER NORTH COAST BRANCH SLS  
NEWCASTLE PERMANENT BUILDING SOCIETY  
JUNIOR LEADERSHIP CAMP

EQUIPMENT LIST

Dear Participant.

This is a basic list of requirements for individuals attending the camp:

Suitable clothes for day and evening wear (games night)

Enclosed shoes

Hat

Swimmers

Towels – beach & bath

Drink bottle

Sun Block Zinc

Small backpack

Toiletry requirements

Medication if required (see attached forms)

Pillow & case

Sleeping Bag (or suitable bedding)

Single sheet to cover mattress even if using sleeping bag

Extra snacks if you are a big eater

**NOTE**

All gear should be clearly marked with a name.

**NO** electronic games, weapons or **Mobile Phones** to be brought to  
Camp

Thank You.



# Junior Leadership Camp 2009/10

*Do you have what it takes?*

*Do you think you can do anything?*

*Are you ready for a weekend of challenges?*

**Then register now for Surf Life Saving's**

## **The Amazing Race**

**When :** 27<sup>th</sup> 28<sup>th</sup> & 29<sup>th</sup> November 2009

**Time :** 5 pm Friday Induction

**Where :** Camp Elim, Forster

**Who :** U13 – U14 Nippers

**Aims :** Develop personal and group skills like:  
Teamwork, communication, leadership

**Contact :** Information and application forms will  
be available through your Age Manager or Junior Activities  
Coordinator, or checkout [www.slsinc.org.au](http://www.slsinc.org.au) Forms.



**Whatever it takes.**