



The life of the beach.
Surf Life Saving Lower North Coast
2008 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 2008 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	_____	Last Name	_____
Date of birth	_____	Male / Female	(please circle)
Club	_____		
Address	_____		
Postal Address	_____		
Suburb	_____	State	_____
		Postcode	_____
Phone (H)	_____	Phone (W)	_____
Phone (M)	_____	Fax	_____
Email	_____		

Clothing Details:

Child Size	6
Adult Size	16

Please Circle selection (size)

8
S

10
M

12
L

14
XL





Club Endorsement

Club name _____	Name, position and signature of club contact _____ Name _____ Position _____ Signature	Date _____
-----------------	--	------------

Applications, with payment, must be received by the Director of Member Services by

10TH November 2008

Late applications will not be considered.

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.

The cost for chaperones is \$70 per person.

Clubs must provide chaperones based on the number of their participants

1-5 participants – One (1) chaperone

more than 5 participants – Two (2) chaperones

Applications should be:

Return completed application to: Warren Wysocki

☒ SLSLNC Dir Member Services, 1 Coral Avenue Tuncurry NSW 2428

☒ youth@slsinc.org.au ☎ (02) 6593680 0418224947

By: Monday 10TH November 2008





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>1. Is there any reason your child cannot participate in any of the activities?</p>	YES	NO
<p>2. Does your child suffer from any chronic illness or disability?</p>	YES	NO
<p>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).....</p>	YES	NO
<p>4. Does your child suffer from:</p> <ul style="list-style-type: none"> i. Any allergic condition? ii. Diabetes? iii. Skin condition? iv. Epilepsy, Fits or Blackouts v. Sleepwalking 	YES	NO
<p>If YES to any of the above, please give details.</p>		
<p>5. Is your child taking any mixture, tablets, or any other form of medication? Name of medication Dosage Time Taken Reason</p>	YES	NO
<p>6. Does your child suffer from Asthma? If YES, please send your child' peak flow meter with them on the trip If YES please provide the following details</p> <ul style="list-style-type: none"> i. Peak flow (lung function).....(a 3 digit number) ii. Frequency of attacks..... iii. Has your child ever been admitted to hospital for an asthma attack? iv. What medication is being administered to your child for asthma 	YES	NO
<p>7. Does your child have any allergy/adverse reaction to any medication? If YES please give details</p>	YES	NO
<p>8. Has your child had the combined Diphtheria Tetanus booster If YES what year was the booster injection given.....</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 28th 29th & 30th November 2008.

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:/...../.....

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





**2008 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 2008/09

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

007 SECRET SERVICE

When : 28th 29th & 30th November 2008

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 Forms.



Whatever it takes.