

Youth Camp

Registration Form

Y Victoria Youth Services is not a registered NDIS provider, however, Plan Managed or Self Managed participants may still be eligible to attend using their NDIS Plan. Contact Us.

Privacy Statement

The National Council of the YMCA of Australia (ABN 45 004 076 297) (the Y) acknowledges and respects the privacy of individuals. The information that is being collected in this document is collected for the purposes of processing your enrolment in a program provided by the Y, providing you with updated information and assisting us to improve our services to you. The personal information collected relates to your enrolment in the program and your parent/s, guardian/s or case worker/s (as applicable). By completing this form, the Y accepts that your parent/s, guardian/s or case worker/s (as applicable) have consented for this information to be collected. The intended recipients of this information are the Y, its authorised staff, relevant Government authorities and those involved with any urgent medical assistance if required. You have the right to access and alter personal information concerning yourself in accordance with the Privacy Act 1988 and the Y Privacy Policy. As part of your enrolment with the Y, you will receive information from time to time regarding our programs and services. If you do not wish to receive this information please tick the "OPT OUT" box below and return this to the Y. Your name will be removed from the mailing list within a reasonable period of time. ☐ OPT OUT

Camp Dates: Monday 15th January - Friday 19th January **Location:** Camp Manyung, 25/35 Sunnyside Rd, Mount Eliza VIC 3930 **Cost:** \$750 (all inclusive meals, accommodation, campsite activities, youth support & optional bus transport from Oak Park)

PARTICIPANT DETAILS:

Campers first name:

Surname:

DOB:

Age on program:

Gender:

Pronouns:

Address:

Postcode:

PARENT/GUARDIAN CONTACT INFORMATION:

First name:

Surname:

Relationship to participant:

Contact number 1:

Contact number 2:

Email address:

Address

CASE MANAGER OR SUPPORT COORDINATOR DETAILS (if applicable):

First name:

Surname:

Agency:

Contact number 1:

Contact number 2:

Email address:

Address

EMERGENCY CONTACT DETAILS (Please specify an alternative to the above contacts):

Name:

Relationship with Camper:

Contact number 1:

Contact number 2:

Please indicate the preferred contact details: Number ☐ 1 or ☐ 2

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MEDICAL INFORMATION:

Medicare number:

Expiry date:

Ambulance subscription: ☐ Yes ☐ No Number:

Private health cover: ☐ Yes ☐ No Name of fund:

Member number:

Health care card: ☐ Yes ☐ No Card number:

Expiry date:

Have you been immunized against tetanus? ☐ Yes ☐ No Year of immunization:

Does your camper require support with any of the following:

☐ Asthma

☐ Sleep Walking

☐ Seizures

☐ Diabetes

☐ Bed Wetting

☐ Allergies

☐ Heart Condition

☐ Hay Fever

☐ Mental Health

☐ Hearing or Vision Impairment

If yes to any of these (or other), please provide support details and attach any relevant documentation

Does your camper have a disability? ☐ Yes ☐ No

If yes, please detail required support

Please detail any assistance your camper requires with any of the following

☐ Bedtimes

☐ Dressing

☐ Hygiene

☐ Mealtimes

☐ Toileting

☐ Showering

Dietary requirements

If your camper has any mobility issues please outline them and how we can best support them:

MEDICATION:

A camper must not have any medications in their possession on camp.

This includes over the counter medication like Panadol, asthma puffer and cough lollies.

All medication must be given to, and held by a YMCA representative, whom will administer medications according to written instructions.

All medication **MUST** be in a medication blister pack (your chemist can assist you)

PLEASE INCLUDE MEDICATION NAME HERE AND COMPLETE MEDICATION ADMINISTRATION FORM AT THE END OF THIS REGISTRATION PACK, THANK YOU.

I give permission for the YMCA staff administer the above medication.

PLEASE SIGN HERE

Signature:

Print name:

Date:

PLEASE PRINT NAME HERE

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PARTICIPANT INFORMATION

PLEASE ATTACH MORE INFORMATION IF NECESSARY

Please give us a brief introduction to your camper and what they're hoping to experience on their camp with us.

Please share specific learning and development opportunities you/your camper are looking to gain out of their camp week.

Please describe your campers behavioural/social/emotional support needs, taking the time to explain how we can best support them. *(What works for them when they're in your care?)*

1. Please share any relevant information in regards to your camper's history, including any key events or experiences, which may impact camp.
2. Are there any recent or ongoing situations which may have some impact on your camper during the week of camp? If so, please detail.

We greatly appreciate you taking the time to provide us with the most detailed and up to date information on how best to support your camper to have the best camp experience with us. Please note that all questions on this page must be completed for the registration form to be processed.

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HELPFUL INFORMATION

What are your campers likes/dislikes, interests, hobbies and passions?

Is there any other information about your camper that we need to know to ensure they have a happy, comfortable and successful camp?

CONTINGENCY PLANS

YMCA Victoria expects a certain level of positive behaviour and mutual respect during the time that our campers are away with us. Any behaviour during camp that we deem to be unsafe or behaviour that directly impacts on the quality of the program for other participants or camp leaders will be addressed. In the event that it is necessary for a camper to leave before the scheduled end of the program, the following person takes full responsibility in ensuring that the participant is removed from the program in a timely manner. Should the participant require transportation by YMCA Personnel the full costs will be incurred by the person who signs below.

Please note, this person must be available via phone and for any necessary early pick up from camp at all times, whilst the program is in operation.

Name:

Contact number 1:

Contact number 2:

I have read and understand the above contingency plan and will ensure that I am available to take phone calls during the times of the Y Program. I also take full responsibility for the collection of the participant should they need to leave before the scheduled end of the program.

PLEASE SIGN HERE

Signature:

Print name:

Date:

PLEASE PRINT NAME HERE

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***Y Victoria Youth Services is not a registered NDIS provider, however, Plan Managed or Self Managed participants may still be eligible to fund camp using their NDIS plan (due to invoicing processes). Please contact us to discuss.**

PAYMENT

Please select the applicable payment option. Please note that bookings are not confirmed unless payment section has been completed. Notification will be sent via email prior to Credit Card payments being processed. Invoices will be issued in early March and must be paid in full prior to camp.

☐ Credit Card:

Card number:

Name on card:

Card type: ☐ MASTERCARD ☐ VISA CCV:

Expiry date:

☐ Invoice - please provide details

Organisation name (if applicable):

Attention to:

Address:

YMCA's refund and cancellation policy: If a cancellation occurs more than 14 days prior to camp, a full refund applies. If a cancellation occurs between 7 and 14 days prior to camp, a 50% refund applies. If a cancellation occurs less than 7 days prior to camp, no refund applies. This includes a camper leaving the program early for any reason.

OUR CONTACT DETAILS

Once completed please print this form, sign the appropriate sections and return via email or post, using the details below.

Please be aware, this form continues over the page and all aspects of this registration pack need to be fulfilled, for a camper to be considered for this Program.

YMCA Youth Leadership & Development Unit

Jessica Gaunt - Director of Youth Camps

Email: jessica.gaunt@ymca.org.au

Contact Number: 0422 835 615

TRANSPORT

Please select from the following transport options

Person picking up/dropping off young person at the campsite/bus stop:

(Please note, this person is required to bring identification)

Please select transport to Camp on Monday 15th January	<input type="checkbox"/> Catching the Bus from Oak Park Sports and Aquatic Centre 563a Pascoe Vale Rd, Pascoe Vale VIC - Time: 9.30am	<input type="checkbox"/> Private drop off at the campsite Camp Manyung, 25/35 Sunnyside Rd, Mt Eliza VIC Time: 11am
Transport from Camp on Friday 19th January	<input type="checkbox"/> Catching the Bus to Oak Park Sports and Aquatic Centre 563a Pascoe Vale Rd, Pascoe Vale VIC Time: 4.00pm	Please note we are going on an excursion on the last day of camp, so all pick ups are from Oak Park.

If the nominated person is unable to collect your child or the location details change, please let Jessica know on 0422835615. Camp leaders will not be authorised to sign campers out to anyone other than the designated person, so please ensure that the details are correct.

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DECLARATIONS

In signing this form, I acknowledge and agree that, subject to any rights owing to (me/my child/my legal dependent) under the Australian Consumer Law (ACL) which can be found in Schedule 2 of the Competition and Consumer Act 2010 (Cth) (CCA) which cannot be excluded by law, and the recreational services limitation of liability set out below, the Y (and its officers, employees, volunteers and agents) are released from and shall not incur any responsibility or liability whatsoever for any loss or damage suffered as a result of (my/my child's/my legal dependents') participation in the program including, but not limited to, injury, illness, death, loss, damage, consequential loss, loss of income or profit, loss of or damage to property and claims by third parties for whatever reason (including as a result of the program being canceled, postponed, abandoned or curtailed).

The Y provides recreational services as part of the program (as that term is defined under section 139A(2) of the CCA and section 22(4) of the Australian Consumer Law and Fair Trading Act 2012 (Vic) (FTA). WARNING UNDER THE AUSTRALIAN CONSUMER LAW AND FAIR TRADING ACT 2012 Under the Australian Consumer Law (Victoria), several statutory guarantees apply to the supply of certain goods and services. These guarantees mean that the supplier names on this form is required to ensure that the recreational services it supplies to you (i) are rendered with due care and skill; and (ii) are reasonably fit for any purpose which you, either expressly or by implication, make known to the supplier; and (iii) might reasonably be expected to achieve any result you have made known to the supplier. Under section 22 of the FTA, the supplier is entitled to ask you to agree that these statutory guarantees do not apply to you. If you sign this form, you will be agreeing that your rights to sue the supplier under the FTA if you are killed or injured because the services provided were not in accordance with these guarantees, are excluded, restricted or modified in the way set out in this form. NOTE: The change to your rights, as set out in this form, does not apply if your death or injury is due to gross negligence on the supplier's part. Gross negligence, in relation to an act or omission, means doing the act or omitting to do an act with reckless disregard, with or without consciousness, for the consequences of the act or omission. See regulation 5 of the Australian Consumer Law and Fair Trading Regulations 2012 and section 22(3)(b) of the FTA.

I agree to indemnify and keep the Y indemnified from and against any and all claims, expenses, liabilities, losses, injuries, deaths or damage arising out of or in connection with the program on the basis that such indemnity will be reduced proportionally to the extent that an act or omission of the Y (or its officers, employees, volunteers and agents) contributed to the claim, expense, liability, loss, injury, death or damage.

I give consent for (me/my child/my legal dependent) to participate in all activities involved in the program, some of which may be water based. Where it is impractical for the Y to communicate with me, and in signing this form, I authorise the Y representative in charge of the program to consent to (me/my child/my legal dependent) receiving any medical or surgical treatment required or the use of an ambulance as may be necessary. I also agree to bear any costs incurred in connection with the same.

- ☐ I have read and understood the contents of this form. I agree to, and will abide by, all terms and conditions outlined in this form.
- ☐ I have read and understand the [YMCA Youth Services Conditions of Participations document](#).
- ☐ I give permission for The Y Victoria staff members to assist in applying sunscreen to my camper to aid in the prevention of sunburn.

PHOTO DECLARATION

I grant to the Y (and its officers, employees, volunteers and agents) the right to take photographs, video footage, testimonials, interviews and quotations (Media) from (me/my child/my legal dependent) and to copyright, use and publish any of that Media in print, on film or electronically. I agree that the Y may use any Media of (me/my child/my legal dependent) with or without (my/my child's/my legal dependent's) name and for any lawful purpose, including for example for the purposes of publicity, multimedia production, illustration, advertising (brochures, billboards, newspapers) and web content across the Y platform. I agree that the Y may use this Media in a broad variety of projects over an extended period of time.

- ☐ I have read / understood and agree with the above Media Consent information. **OR**
- ☐ I do not give the Y permission to use my child's / legal dependent's 'media' as detailed above.

Please note than any participant without this permission will be asked to step out of any group photos.

PLEASE SIGN HERE

Details of person completing form (must be 18 years of age or older):

- ☐ I confirm that I am 18 years of age or older.
- ☐ I confirm that all details provided are correct to the best of my knowledge.

Full name

Relationship to participant:

Date:

Signature

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We want all campers to have a happy, safe and inclusive week with us. Please read over this behavior expectation plan with your young person and sign below, thereby agreeing to the consequence of behaviours.

CONSEQUENCE OF BEHAVIOUR							
		Behaviour does not impact, e.g -Not listening -Not wanting to engage -Choosing low participation -Occasional swearing	Minor impact e.g. -Frequent swearing -Very minor damage -Minor risk taking behavior -Minor inappropriate behavior -Cigarette possession prior to contraband time	Moderate impact, e.g. Assault/Verbal threat Injury causing medical treatment Bullying Stealing Smoking Drug/alcohol possession Cigarette possession after contraband time Moderate risk taking behavior -Absconding	Major impact, e.g. Physical assaults Life threatening or serious injury resulting in hospitalisation Sexual harassment High-level bullying Extreme damage to camp site & equipment Alcohol and/or drug use or possession after contraband Major risk taking behaviour	Serious and life threatening injuries, and assaults	
		LOW IMPACT	MINOR	MODERATE	MAJOR		
IMPACT PROBABILITY		1	2	3	4	5	
LIKELIHOOD	consistently	A	-What do they want to get out of camp? -Encourage friendship building with other campers -Discuss camp expectations in casual conversation -Explore a reward system for good behavior that works for them (GC)	-camper contract -consultation with camper and buddy about needs and strategies -consultation with worker -go through camp expectations 1:1 (CC)	As the young person is not coping with camp, they will have to leave and take a break from program. Meeting and thorough consultation with worker prior to young person attending again. (PC)	The young person is not coping or the program is not suitable for them, they will have camp and will not be able to attend the program again. (PC, M)	The young person is not coping or the program is not suitable for them, they will have camp and will not be able to attend the program again. (PC, M)
	frequently	B	-What do they want to get out of camp? -Encourage friendship building with other campers -Discuss camp expectations in casual conversation -Explore a reward system for good behavior that worksfor them (GC)	-camper contract -consultation with camper and buddy about needs and strategies -consultation with worker -go through camp expectations 1:1 (CC)	As the young person is not coping with camp, they will have to leave but are able to attend next camp if they would like to try again. (PC)	The young person is not coping or the program is not suitable for them, they will have camp and will not be able to attend the program again. (PC, M)	The young person is not coping or the program is not suitable for them, they will have camp and will not be able to attend the program again. (PC, M)
	occasionally	C	-Take mental note -Bring up in nightly group meeting and discuss -Explore different strategies with support from GC if needed -Support camper to adjust to new environment (B)	-camper contract -consultation with camper and buddy about needs and strategies -consultation with worker -go through camp expectations 1:1 (CC)	As the young person is not coping with camp, they will have to leave but are able to attend next camp if they would like to try again. (PC)	As the young person is not coping with camp, they will have to leave and take a break from program. Meeting and thorough consultation with worker prior to young person attending again. (PC)	The young person is not coping or the program is not suitable for them, they will have camp and will not be able to attend the program again. (PC, M)
	once off	D	-Take mental note -Bring up in nightly group meeting and discuss -Explore different strategies with support from GC if needed -Support camper to adjust to new environment (B)	-What do they want to get out of camp? -Encourage friendship building with other campers -Discuss camp expectations in casual conversation -Explore a reward system for good behavior that works for them (GC)	-camper contract -consultation with camper and buddy about needs and strategies -consultation with worker -go through camp expectations 1:1 (CC)	As the young person is not coping with camp, they will have to leave and take a break from program. Meeting and thorough consultation with worker prior to young person attending again. (PC)	As the young person is not coping with camp, they will have to leave and take a break from program. Meeting and thorough consultation with worker prior to young person attending again. (PC)
	May occur on camp but only in exceptional	E	-Take mental note -Bring up in nightly group meeting and discuss -Explore different strategies with support from GC if needed -Support camper to adjust to new environment (B)	-Take mental note -Bring up in nightly group meeting and discuss -Explore different strategies with support from GC if needed -Support camper to adjust to new environment (B)	-camper contract -consultation with camper and buddy about needs and strategies -consultation with worker -go through camp expectations 1:1 (CC)	As the young person is not coping with camp, they will have to leave and take a break from program. Meeting and thorough consultation with worker prior to young person attending again. (PC)	As the young person is not coping with camp, they will have to leave and take a break from program. Meeting and thorough consultation with worker prior to young person attending again. (PC)

We have read this behaviour expectation plan and understand the kind of behaviour which is unacceptable on camp. We accept the consequences detailed in this plan.

Signed by parent/guardian/worker:

Date:

Signed by participant:

Date:

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YMCA VICTORIA CONFIDENTIAL MEDICATION AUTHORITY FORM PRESCRIBED AND NON PRESCRIBED MEDICATION

REGULAR MEDICATIONS – SHEET 1 OF 2

Client: _____ DOB: _____

Prescribing Doctor: _____ Tel: _____

Signature: _____ Date: _____

☐ I self-administer ☐ I require support with administration

Medical Allergies: _____

Alcohol restrictions: _____

IMPORTANT INFORMATION

- This form is to be completed by the prescribing Doctor and must clearly state the name of the medication, the dosage, the route and frequency of administration
- Staff will not administer medication unless this form has been completed and signed by the prescribing Doctor
- Staff will not administer medication unless this form has been sighted at the time of administration
- Please use Sheet 2 to list PRN or STS medications

Medication (print clearly)	Reason For Medication:	Is this used for chemical restraint?	Dosage/route	Form (liquid/tablet)	Frequency i.e. 7am & 4pm, 4 hourly	Effective Date	Doctors Signature	Discontinued	
Eg. Berilium	Epilepsy		Oral 100mg 3x daily		8am, 12pm, 5pm	For 7 days from 23.5.16		Date	Doctor Signature

PRN OR STAT MEDICATION – SHEET 2 OF 2

[illegible]