



REGISTRATION FORM APRIL 2021

Camp Dates: Tuesday April 6th - Friday April 9th, 2021
Location: YMCA Lady Northcote, 1273 Glenmore Road, Glenmore VIC
Cost: \$700

PARTICIPANT INFORMATION

CAMPERS FULL NAME:

DOB:

GENDER:

CURRENT AGE:

ADDRESS:

PARENT/GUARDIAN CONTACT INFORMATION

NAME:

ADDRESS:

RELATIONSHIP WITH CAMPER:

CONTACT NUMBER 1:

EMAIL:

CONTACT NUMBER 2:

CASE MANAGER OR SUPPORT COORDINATOR DETAILS

NAME:

ADDRESS:

AGENCY:

CONTACT NUMBER 1:

EMAIL:

CONTACT NUMBER 2:

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

NAME:

CONTACT NUMBER 1:

RELATIONSHIP WITH CAMPER:

CONTACT NUMBER 2:

PLEASE INDICATE THE PREFERRED CONTACT DETAILS:



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MEDICAL INFORMATION

MEDICARE NUMBER:

EXPIRY DATE:

AMBULANCE SUBSCRIPTION NUMBER:

PRIVATE HEALTH FUND NAME:

FUND NUMBER:

HEALTH CARE CARD NUMBER:

EXPIRY DATE:

DATE OF LAST TETANUS INJECTION:

DOES YOUR CAMPER REQUIRE SUPPORT WITH ANY OF THE FOLLOWING:

- | | | | | |
|------------------------------------|--|------------------------------------|-----------------------------------|---|
| <input type="checkbox"/> ASTHMA | <input type="checkbox"/> SLEEP WALKING | <input type="checkbox"/> SEIZURES | <input type="checkbox"/> DIABETES | <input type="checkbox"/> BED WETTING |
| <input type="checkbox"/> ALLERGIES | <input type="checkbox"/> HEART CONDITION | <input type="checkbox"/> HAY FEVER | <input type="checkbox"/> FEARS | <input type="checkbox"/> HEARING OR VISION IMPAIRMENT |

IF YES TO ANY OF THESE, PLEASE PROVIDE SUPPORT DETAILS AND ATTACH ANY RELEVANT DOCUMENTATION

DOES YOUR CAMPER HAVE A DISABILITY? ☐ NO ☐ YES

IF YES, PLEASE DETAIL REQUIRED SUPPORT:

PLEASE DETAIL ANY ASSISTANCE YOUR CAMPER REQUIRES WITH ANY OF THE FOLLOWING:

- | | | | | | |
|-----------------------------------|-----------------------------------|----------------------------------|------------------------------------|------------------------------------|------------------------------------|
| <input type="checkbox"/> BEDTIMES | <input type="checkbox"/> DRESSING | <input type="checkbox"/> HYGIENE | <input type="checkbox"/> MEALTIMES | <input type="checkbox"/> TOILETING | <input type="checkbox"/> SHOWERING |
|-----------------------------------|-----------------------------------|----------------------------------|------------------------------------|------------------------------------|------------------------------------|

DIETARY REQUIREMENTS:

IF YOUR CAMPER HAS ANY MOBILITY ISSUES PLEASE OUTLINE THEM AND HOW WE CAN BEST SUPPORT THEM:



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MEDICATION

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

This includes over the counter medication like Panadol 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 TO ADMINISTER THE ABOVE MEDICATIONS

SIGNED:

PRINT NAME:

DATE:



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PARTICIPANT INFORMATION

PLEASE ATTACH MORE INFORMATION IF NECESSARY

Please tell us about your camper and what they're hoping to experience on their camp with us.

Please share any specific learning and development opportunities your camper is looking to gain out of their camp week.

Does your camper have any behavioural conditions we should be aware of? If so, please take the time to explain how we can support them.

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 THEIR BEST CAMP EXPERIENCE WITH US.



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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 that we deem to be unsafe on camp and 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 YMCA Program. I also take full responsibility for the collection of the participant should they need to leave before the scheduled end of the program.

SIGNED:

PRINT NAME:

DATE:



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DECLARATIONS

Parent/Guardian Declaration: (person must be over the age of 18) Where it is impractical to communicate with me, I, the undersigned, authorise the YMCA leader in charge of these activities to consent to (me/my child) receiving such medical or surgical treatment or use of an ambulance as may be necessary. I also agree to bear any costs thereby incurred.

Furthermore, I give consent to my camper participating in all of the activities involved on the program, some of which may be water based. I approve of the above application and in doing so agree that the YMCA and its officers, leaders, staff and volunteers shall be released from and shall not incur any responsibility or liability whatsoever for any accident or injury to the applicant or any damage or loss of property of the applicant.

SIGNED:

PRINT NAME:

DATE:

I give permission for YMCA Victoria staff members to assist in applying sunscreen to my camper to aid in the prevention of sunburn.

SIGNED:

PRINT NAME:

DATE:

PHOTO DECLARATION

We will be taking activity photos and videos on camp all week. Please select the box that is suitable to your camper and also sign below.

Do you give permission for your camper to be included in a take home pack of camp memories? ☐

Do you give permission for images of your camper to be used for YMCA camp promotion? ☐

SIGNED:

PRINT NAME:

DATE:

PRIVACY

The YMCA acknowledges and respects privacy of individuals. The information that is being collected on this document is for the purposes of processing your registration in a YMCA Youth Camping service, providing you with updated information and assisting us to improve our services to you. The personal information collected is of the parents/guardians/case workers and the camper registered in the program. By completing this form, the YMCA accepts that the parents/guardians of the child have consented for this information to be collected. The intended recipients of this information are the YMCA, its authorised staff and relevant government authorities. You have the right to access and alter personal information concerning yourself or your camper in accordance with the Commonwealth Privacy Act (amended 2001) and YMCA privacy policy. As a part of your registration with the YMCA, 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 YMCA. Your name will be removed from the mailing list within a reasonable period of time.

☐ OPT OUT



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*YMCA 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 funding. 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

Please attach a photo of your camper to their registration form. This will allow us to recognise our campers when we welcome them on camp.



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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)

Name of participant:

Please select transport to Camp on Tuesday the 6th of April:

☐ Catching the Bus from YMCA Youth Services, Ikon Park, Royal Parade, Carlton North, VIC

Time: 9.30am

☐ Private drop off at the campsite – YMCA Lady Northcote, 1273 Glenmore Road, Glenmore VIC

Time: 11am

Transport from Camp on Friday the 9th of April:

☐ Private pick up from the campsite – YMCA Lady Northcote, 1273 Glenmore Road, Glenmore VIC

Time: 1.30pm

☐ Catching the Bus to YMCA Youth Services, Ikon Park, Royal Parade, Carlton North, VIC

Time: 4pm

*If the nominated person is unable to collect your child or the location details change, please let Jessica know on 0422 835 615. Camp leaders will not be authorised to sign campers out to anyone other than the designated person, so please ensure that these details are current.

WE WANT ALL CAMPERS TO HAVE A HAPPY, SAFE AND INCLUSIVE WEEK WITH US. PLEASE READ OVER THIS BEHAVIOUR 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 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 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)

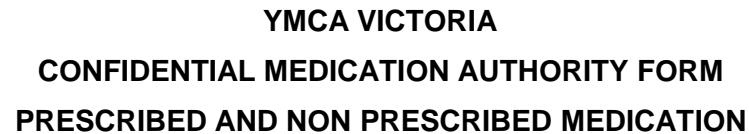
WE HAVE READ THIS BEHAVIOUR EXPECTATION PLAN AND UNDERSTAND THE KIND OF BEHAVIOUR WHICH IS UNACCEPTABLE ON CAMP. WE EXCEPT THE CONSEQUENCES DETAILED IN THIS PLAN.

SIGNED BY PARENT/GUARDIAN/WORKER:

DATE:

SIGNED BY PARTICIPANT:

DATE:

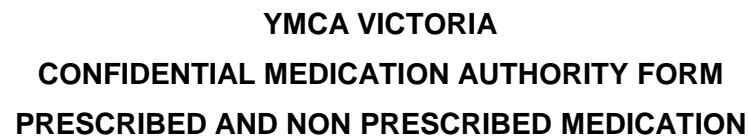


IMPORTANT INFORMATION

CLIENT:	DOB:
PRESCRIBING DOCTOR:	TEL:
SIGNATURE	DATE
<input type="checkbox"/> I self-administer <input type="checkbox"/> I require support with administration	

Alcohol restrictions:

[illegible]

[illegible][illegible]