

RAUMATI SWIMMING CLUB INC. - 2019 CAMP REGISTRATION

_____		_____		M	F
Swimmer's Name		Date of Birth		Sex	
_____		_____			
Parent's/Guardian's Name		Parent's/Guardian's Name			
_____	_____	_____	_____		
Home Phone	Mobile Phone	Home Phone	Mobile Phone		
_____		_____			
Address		Address (if different)			
_____		_____			
Email Address		Email Address (if different)			

MEDICAL INFORMATION

Name of Medical Practice your child is enrolled at

_____	_____
Doctor's Name	Phone Number

_____	_____
My child has/has not had the full series of three anti-tetanus injections	Date of last injection

<p>Please provide details of any medical information that would be helpful or essential for camp management to know. This includes information about asthma, sleep walking , allergies etc.</p>	
<p>Please list medications your child will take at camp. NB. Parents must hand in medication to camp management to ensure their child's safety and the safety of others.</p>	

SPECIAL NUTRITION REQUIREMENTS

Campers need to list any dietary requirements in relation to allergies, medical conditions or religious beliefs. This does not mean food preferences! We are able to cater for necessary diet requirements. Please note we may ask parents to provide additional food at their cost eg. gluten free bread or soy milk for children with special dietary needs.

Special Dietary requirements/allergies (please provide details):	
Details of care and emergency procedure from allergic reaction:	

WELLBEING INFORMATION

Please provide us details that are useful for camp management or coaches to know about your child for us to be able to support them to participate and have fun at camp.

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SWIMMER'S AGREEMENT

Parents and swimmers please acknowledge that when swimmers are away from home under the auspices of a Raumati Swimming Club team, substantial responsibility is placed upon the coach, management and the Club. Raumati Swimming Club requires a clear understanding and commitment from parents and swimmers to achieve and maintain the highest standards. In registering to attend camp, parents and swimmers agree:

1. I do not have any pre-existing injuries. Any injuries/illness I do have, have been discussed with Head Coach prior to camp.
2. My behaviour must be of a sensible nature at all times while attending this camp.
3. I acknowledge that the camp is for swimming training and that all trainings are mandatory.
4. Rooming arrangements are at the discretion of camp management.
5. I will conform to all decisions made and all instructions given by the coach and camp management and failure to do so may result in me being sent home.
6. I will be respectful to people and property around me. This includes consideration during rest times regarding music etc.
7. I am aware noisy sound systems etc. will be confiscated for duration of camp.
8. Valuable items are brought at your own risk.
9. Not to possess, consume, administer, purchase or dispose of narcotic drugs or banned substances of any kind in any way.
10. Not to possess or consume alcohol or tobacco in any form, at any time whatsoever during the period of the camp.
11. I am responsible for my own skin care. If I become sun burnt and it prevents me from training, I will be sent home.
12. Not to leave the camp at any time unless permission has been granted by the camp management.
13. To camp management accessing medical assistance or first aid as required. Parents agree to pay for any medical costs incurred on camp.
14. To camp management administering Panadol for pain or fever relief if required.
15. To camp management administering Ventolin to asthma sufferers if required.
16. If it is deemed any injuries or illness during camp results in not being able to complete training sessions or have an illness that could affect others, I will be sent home and there will be no refund of camp fees.
17. To children traveling in the vehicles of camp management and venturing on excursions at camp.
18. To collect our child from camp at any point due to health or behavioral reasons at the discretion of camp management.

That if, in the event I breach any of the above, show poor sportsmanship or misbehave in any way, I am liable to be sent home at my parents' expense and there will be no refund of camp fees.

Swimmer's Signature

Swimmer's Name

Parent's/Guardian's Signature

PARENTAL CONSENT

I give my consent for _____ to participate in the Raumati Swimming Club Camp 2019. I will also meet the cost of any transport costs should my child be sent home.

Parent's/Guardian's/Adult Swimmer's Signature

Date