

# Surf Life Saving Illawarra

## Circular 08031



**To:** Club Member Services Representatives  
**From:** Amanda Scott  
**Date:** 13 February 2009  
**Subject:** 13-15 year members Youth Development Camp

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### **SLSI 13-15 year members Youth Development Camp**

The SLSI Youth Development Camp offers the Illawarra's young surf lifesavers an opportunity to come away for a fun weekend with other members from various Illawarra clubs. It is anticipated that involvement in this camp will allow each participant to establish a new network consisting of members from other Illawarra clubs.

The camp will include physical activities such as abseiling, swimming and the giant swing along with practical workshops designed to educate members on the pathways through surf life saving, fundraising and a group project. Participants will also benefit from team building activities, work group situations and other outdoor environments.

The Youth Development Camp will be held at Milson Island Sport and Recreation Centre from Friday 13 March through to Sunday 15 March 2009.

A bus will pick up camp participants on the Friday at either North Wollongong SLSC at 3:00 PM or at the turn off to Helensburgh at 3:45 PM.

Participants will be dropped back on Sunday to either the Helensburgh turn off at 3:30 PM or North Wollongong SLSC at 4:45 PM.

Clubs are encouraged to nominate as many members as they feel will benefit from the program; however we ask that clubs please prioritise applicants lest an influx is received and numbers need to be cut back. SLSI will also prioritise applicants on their application answers which are received.

All clubs are guaranteed minimum of (2) successful applications to participate in the development camp.

There will be a cost of \$80.00 per participant which will cover travel, 2 nights' accommodation, participation in all activities and all meals over the weekend.

This fee will be invoiced directly to clubs of successful applicants after numbers have been finalised.

## Instructions to applicants

Applicants for the Youth Development Camp should

- Be a member of an SLSA affiliated surf lifesaving club and be aged between 13-15 years
- Have participated in club activities eg. water safety, fundraising, patrolling, age manager etc
- Be aware that they will be representing both their club and branch whilst participating in the program
- All applications must be **received by 6 March** with the below nomination form, and be endorsed by the participant's relative club.
- It is recommended that clubs nominate at least two (2) members to attend the camp

## What to bring

- Remember you are on an island so bring everything you will need for a two day stay.
- Money for soft drink machine (if so desired).
- Insect repellent
- A torch
- Sunscreen and hats
- Towels and linen
- Toiletries
- A jumper
- Swimmers
- Clothes for two days
- Please note mobile phone reception on the island is generally very poor.

# 2009 Youth Development Camp

## Application Questions

1. In what ways do you contribute to Surf Life Saving, at Club and other levels, e.g. instructing or assisting younger members?

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2. List the major Club activities you have attended and been actively involved with in the past year.

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3. What do you feel you have personally achieved through Surf Life Saving?

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4. What goals do you want to achieve in surf lifesaving and why?

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5. What role do you feel surf lifesaving has in the community?

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6. If you could initiate one program in your Club, what would it be and why?

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### Club Endorsement

Club name _____	Name of contact _____	Date _____
	Position _____	
	Signature _____	

### Participant's consent

I \_\_\_\_\_ (participant's name) agree to abide by the SLSA Member Safety and Well-being Policy and Child Protection Policy, found at [www.slsa.com.au](http://www.slsa.com.au) and the SLSA Code of Conduct listed below.

#### SLSA Code of Conduct

1. Once registered, there are no departures from the Program without the approval of the Program Coordinator. Participants will be given permission to leave the Program only in extenuating circumstances.
2. As a participant, you will be role models for Surf Life Saving and act in an appropriate manner.
3. No disrespect will be tolerated under any circumstances.
4. Any concerns or disagreements should be reported to the Program Coordinator immediately.
5. While on the Program you will be sharing accommodation with participants of the same gender. You will:
  - Ensure there is no interference with other people's property
  - Treat others with dignity and respect
  - Treat rooms and property with respect
  - Any use of telephones and other services are at your own expense
6. All instructions from the Program Manager and leaders are to be adhered to.
7. Breaches of the SLSA Member Safety and Well-being policy and Child Protection policy and this Code of Conduct may result in immediate expulsion from the Program.

Signed \_\_\_\_\_ Date \_\_\_\_\_

# Medical and consent form

## Child

### Participant details

Surname

Given names

Address

  


Postcode

Name of school

School year

NSW Sport and Recreation customer no.

Date of birth

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Age

 Male  Female

 Are you of Aboriginal or  
 Torres Strait Islander descent?  
 (for statistical purposes only)

 Yes  No

 Are you or your parents from a  
 Non-English speaking background?  
 (for statistical purposes only)

 Yes  No

### Program details

Program type (please circle)

 School /  Holiday /  Community /  Sporting /  Recreation /  Other

Program number (if known)

Venue

Program dates (from)

 /  / 

(to)

 /  / 

### Parent/guardian details

	Mother/guardian	Father/guardian	Guardian/other contact
Full name of parent or guardian	<input type="text"/>	<input type="text"/>	<input type="text"/>
Home phone	<input type="text"/>	<input type="text"/>	<input type="text"/>
Work phone	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mobile	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mobile	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mobile	<input type="text"/>	<input type="text"/>	<input type="text"/>

### Special/Dietary needs

Please identify any special needs or requirements eg. diet, wheelchair acces etc

  
  
  


 Has he/she had the Combined Diptheria  
 Tetanus Toxoid booster injection?

 Yes  No Year 

Has he/she been immunised against measles?

 Yes  No Year 

### Swimming ability

 Strong – 50 metres unaided
  Average – 25 metres unaided
  Poor – 10 metres unaided
  Non-swimmer

## Medical information

Does the participant suffer from any of the following?

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Any allergic condition                | <input type="checkbox"/> Skin condition                  | <input type="checkbox"/> Diabetes                     |
| <input type="checkbox"/> Epilepsy, fits or blackouts           | <input type="checkbox"/> A disability or chronic illness | <input type="checkbox"/> Asthma (include asthma plan) |
| <input type="checkbox"/> Attention Deficit Disorder (ADD/ADHD) | <input type="checkbox"/> Sleep walking                   | <input type="checkbox"/> A current illness eg. flu    |
| <input type="checkbox"/> Bed wetting                           | <input type="checkbox"/> Behavioural problems            | <input type="checkbox"/> Other                        |

If yes to one or more, please give details (attach sheet if required)

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Medicare number	Position number on Medicare card <input type="checkbox"/>	Medicare card expiry	Health care card number	Pensioner health benefits card
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Pharmaceutical benefits concession card	Private health insurance fund	Number	Do you have ambulance cover?	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	

## Current medication

	Time and Dosage – Please specify exact time of medication									
	Breakfast		Lunch		Dinner		Before bed		Other	
Name	Time	Dose	Time	Dose	Time	Dose	Time	Dose	Time	Dose
eg. Bricanyl	8am	2 puffs	12.30pm	2 puffs	6pm	2 puffs	8pm	2 puffs		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Notes:

- Scheduled medication must be provided in the original container (as required by legislation).
- All medications will be collected and administered by staff, unless notified in writing to the contrary.
- Staff will supervise and register the taking of all medication.

## Media consent

Strike out whichever does not apply:

I agree to allow NSW Sport and Recreation to use my child's/my ward's name and any photographs, sound and film recordings taken of me/my child/my ward at this program for the promotion of the department's services and initiatives to the media and to the general public.

Full name  Parent  Guardian (please tick)

Signature

Date

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### Privacy statement

The NSW Department of the Arts, Sport and Recreation of 6 Figtree Drive, Sydney Olympic Park, NSW 2127 will collect and store the information you provide to enable processing of enrolments for Centre programs. The information will be provided to instructors of the program and their supervisors, where necessary, and you consent to this disclosure. If you have been asked for information regarding Aboriginal and Torres Strait Islander descent and cultural background, this information is voluntary and is being compiled for statistical purposes only. Any information provided by you will be stored on a database that will only be accessed by authorised personnel and is subject to privacy restrictions. The information will only be used for the purpose for which it was collected. Any information provided by you to the department can be accessed by you during standard office hours and updated by writing to us or by contacting us on 13 13 02.

## Risk waiver

Strike out whichever does not apply:

I agree to my child's/ward's attendance at the program noted above.

In the case of an emergency, I authorise the program staff, where it is impracticable to communicate with me, to arrange for me/ my child/ ward to receive such medical or surgical treatment as may be deemed necessary.

I also undertake to pay or reimburse costs which may be incurred for medical attention, ambulance transport and drugs while I am/ my child/ ward is enrolled with the program.

I understand that although DASR and its service providers attempt to minimise any risk of personal injury within practical boundaries, accidents do happen and all physical activities carry the risk of personal injury. I acknowledge that there is an inherent risk of personal injury in physical activities that will be undertaken.

Full name  Parent  Guardian (please tick)

Signature

Date

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For more information call

**13 13 02**

www.dsr.nsw.gov.au

For deaf, hearing or speech impaired people TTY (02) 9006 3701

