

Surf Life Saving Illawarra Circular 09018



To: Club Member Services Representatives
From: John McNally, Director of Member Services
Date: 10 March 2010
Subject: 13-15yr Members Youth Development Camp

SLSI 13-15yr 2010 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 swimming and the other activities 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 Youth Works Recreation Centre Royal National Park from 6pm Friday 16 April through to 3pm Sunday 18 April 2010. (Dinner will not be served on Friday night)

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.

There will be an information night on Wednesday 24th March at 7pm at Surf House and an induction session for all participants on Tuesday 6th April at 7pm.

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

There will be a cost of \$50.00 per participant which will cover 2 night's accommodation, participation in all activities and all meals over the weekend.

This fee should be sent with the application form.

SLSI 13-15yr 2010 Youth Development Camp

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 and hold at least an SRC
- 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 25th 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

- Bring everything you will need for a two day stay.
- Insect repellent
- A torch
- Sunscreen and hats
- Towels and linen
- Sleeping Bag and Pillow
- Toiletries
- A jumper
- Swimmers
- Clothes for two days
- Please note mobile phone reception is generally very poor.

SLSI 13-15yr 2010 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?

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

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

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

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

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

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 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 _____



Surf Life Saving NSW

Application form

Child

Participant details

Surname		Given Names	
<input type="text"/>		<input type="text"/>	
Address			
<input type="text"/>			
Phone No. (BH)		Mobile No.	
<input type="text"/>		<input type="text"/>	
Name of Club		Name of Branch	
<input type="text"/>		<input type="text"/>	
Email Address		Date of birth	Age
<input type="text"/>		<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>
Occupation		Male <input type="checkbox"/> Female <input type="checkbox"/>	
<input type="text"/>		If a student, what are you studying?	
<input type="text"/>		<input type="text"/>	
Adult Shirt Size	Ladies	Mens	
	<input type="checkbox"/> 8 <input type="checkbox"/> 10 <input type="checkbox"/> 12 <input type="checkbox"/> 14 <input type="checkbox"/> 16 <input type="checkbox"/> 18	<input type="checkbox"/> XS <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL	

Program details

Program Details (please circle)

Leadership Program / Development Camp / Other

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"/>

Code of conduct

- 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.
- As a participant, you will be role models for Surf Life Saving New South Wales and act in an appropriate manner.
- No disrespect will be tolerated under any circumstances.
- Any concerns or disagreements should be reported to the Program Coordinator or the designated Member Protection Officer immediately.
- 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
- All instructions from the Program Coordinator and leaders are to be adhered to.
- 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 _____ (Participant) Signed _____ Date _____ (Parent/guardian)

Travel details

What mode of transport do you intend to use to get to the program? Car Bus Train Plane



**SURF LIFE SAVING
NEW SOUTH WALES**

Surf Life Saving NSW

Medical and consent form

Child

Special/Dietary needs

Please identify any special needs or requirements (e.g. diet, wheelchair access, etc.)

Medical information

Does the participant suffer from any of the following?

Any allergic condition* (including food allergy)
 A disability or chronic illness
 A current illness eg. flu
 Epilepsy, fits or blackouts
 Diabetes
 Other _____
 Skin condition
 Asthma (include asthma plan)

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

Medicare number
 Position number on medicare card
 Health care card number
 Pensioner health benefits card
 Pharmaceutical benefits concession card
 Private health insurance fund
 Number
 Do you have ambulance cover? Yes No

Current medication

Name	Time and Dosage - Please specify exact time of medication									
	Breakfast		Lunch		Dinner		Before bed		Other	
	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		

Notes: 1. Scheduled medication must be provided in the original container (as required by legislation).
 2. Upon request in writing, staff will supervise and register the taking of all medications.

Risk waiver

Program name
 Program dates / /
 Venue

I agree to my child's/ward's attendance at the above mentioned program. In the case of an emergency, I authorise the program staff, where it is impractical to communicate with me, to arrange for 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 my child/ward is enrolled with the program.

I understand that although SLSNSW 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 as part of the program.

Full name of parent or guardian

Signature
 Date / /

Privacy Statement

Surf Life Saving NSW, PO Box 430, Narrabeen NSW 2101 will collect and store the information you voluntarily provide to enable processing of enrolments for programs. The information will be provided to staff of the program and their facilitators where necessary, and you consent to this disclosure.

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. Any information provided by you to the organisation can be accessed by you during standard office hours and updated by writing to us or by contacting us on (02) 9984 7188.

Media consent

I agree to allow Surf Life Saving NSW to use my name and any photographs sound and film recordings taken of me at this program for the promotion of the organisations services and initiatives to the media and to the general public.

Full name of parent or guardian

Signature
 Date / /