

# 2014 Camp Attendance Form



Name: .....

Phone: .....

No. of people training : ..... No. of people accompanying : .....

Payment attached: \$ .....  •Cash  •CHQ No. ....

## COSTS :

Participants - \$160  
 Non-participants : \$130  
 Camp T-shirt included

**To guarantee supply of your camp t-shirt, you MUST confirm & pay for your booking by Tuesday, 25th March 2014**

T-Shirt Size	8	10	12	14	S	M	L	XL	XXL
Quantity									

## Emergency Details and Medical Consent Form

**Note: Each attendee must fill in a separate consent form. Both pages must be filled in.**

PARTICIPANT'S DETAILS	FAMILY NAME : .....		GIVEN NAMES : .....	
	ADDRESS : .....			
	GENDER : <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		POSTCODE : .....	
	AGE : .....		DATE OF BIRTH : .....	
			<small>dd</small>	<small>mm</small>

EMERGENCY CONTACTS		Mother/Guardian	Father/Guardian	Other Contact/Guardian
	Name of Parent/ Guardian (if applicable)	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
	Home Phone	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
	Work Phone	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
	Mobile	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

MEDICAL INFORMATION	Does the participant suffer from any medical condition or injury that may affect his/her ability to fully participate in the activities at a karate training camp such as:		
	<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"/> High blood pressure	<input type="checkbox"/> Joint Injuries e.g. knee, ankle etc	<input type="checkbox"/> Back injury
	<input type="checkbox"/> Attention deficit disorder (ADD/ADHD)	<input type="checkbox"/> Sleep walking	<input type="checkbox"/> A current illness e.g. flu
	<input type="checkbox"/> Bed wetting	<input type="checkbox"/> Behavioural problems	<input type="checkbox"/> Other
	If "YES" to one or more of the above, please give details and treatment, if appropriate and necessary. (attach a separate sheet if needed)		
	.....		
	.....		
	.....		

**Please also fill in and sign on page 2**

# Emergency Details and Medical Consent Form continued

MEDICATION	Time and Dosage – please specify exact time of medication	Breakfast		Lunch		Dinner		Before Bed		Other	
	MEDICATION NAME	Time	Dose	Time	Dose	Time	Dose	Time	Dose	Time	Dose

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

Insurances	Medicare Number		Health care card no.	Pensioner Health Benefits card	Pharmaceutical benefits concession card
		<input type="text"/>	Position number on Medicare card <input type="text"/>	<input type="text"/>	<input type="text"/>
	Private Health Insurance Fund <input type="text"/>		Number <input type="text"/>	Do you have ambulance cover? <input type="checkbox"/> Yes <input type="checkbox"/> No	

TERMS AND CONDITIONS
<p>I agree to my/my child/my ward's attendance at the above named camp organised by the <i>International Federation of Karate Kyokushinkai Australia Inc (IFKKA)</i>. In the event I/my child/my ward may require First Aid, I consent for the appropriate First Aid to be administered by the <b>IFKKA</b>.</p> <p>In the case of an emergency, I authorise the camp organisers, where it is impracticable to communicate with me, to arrange for me/my child/my 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, for me/my child/ward while a participant at the karate camp.</p> <p>The <b>IFKKA</b> does not warrant that the use of protective equipment will completely eliminate the possibility of accident or injury but will reduce the risk of accident or injury. In recognition of the possibility of an accident or injury connected with my / my child's /my ward's martial arts training I waive any right or cause of any kind of action arising from such activity and any liability against the <b>IFKKA</b>, its volunteers, officers, agents, employees or instructors.</p> <p>I acknowledge that physical contact will be used by instructors of the <b>IFKKA</b>, other students, and authorised individuals as part of my / my child's /my ward's karate or self defence instruction and give full consent to any physical contact as may be required or is customary to martial arts and self defence training.</p> <p>I acknowledge and understand that my / my child's /my ward's participation in activities associated with attendance at the <b>IFKKA</b> camp may involve a significant degree of physical exertion or physical risk which may cause personal injury or death. By signing this document and participating in the activities associated with the <b>IFKKA</b> camp. I am not aware of any medical or physical condition other than those listed previously which would lead me to believe there is a risk to my / my child's /my ward's health.</p>

TERMS AND CONDITIONS cont.
<p>In the event of any injury suffered by me / my child's /my ward's while participating in such training / classes, I agree to accept full responsibility</p> <p>I acknowledge that the <b>IFKKA</b> take no responsibility for the loss or damage of my / my child's /my ward's personal belongings other than loss or damages caused directly by wilful acts or omissions or negligence of the instructors or the <b>IFKKA</b>.</p> <p>I acknowledge &amp; agree that any photographs or videos taken of me / my child /my ward whilst participating in <b>IFKKA</b> sanctioned events be available to the <b>IFKKA</b> to be used on their approved websites or in any advertising/promotional material as they see fit.</p>

PRIVACY INFORMATION
<p>The personal information collected on this form by the International Federation of Karate Kyokushinkai Australia Inc. (IFKKA Inc) will be held in line with the National Privacy Principles NPP (Privacy Amendment (Private Sector) Act 2000). It will only be disclosed to the executives of organisations and their affiliated insurance company/companies if necessary.</p> <p>Personal Information also includes information collected in the course of providing services to you / your child /your ward and communications between you / your child /your ward and us. The information collected enables us to properly advise you / your child /your ward in relation to your event attendance and martial arts training.</p> <p>Any personal or sensitive information collected about you / your child /your ward will be used and disclosed by us so we can provide you with the services you have requested or otherwise enable us to carry out our functions. For example, we must make our instructors aware of information about you / your child's / your ward's health, so they can safely instruct you / your child /your ward.</p>

Full Name of Participant/Parent or Guardian

Signature

/ /  
Date (dd/mm/yyyy)

Full Name of Participant/Parent or Guardian

Signature

/ /  
Date (dd/mm/yyyy)