

Пластовий Літній Табір 2010/11 – УСП Програма

When: Saturday 1st January to Tuesday 4th January 2011

Where: Sokil/Forrest/the beach

Who: All SPs in Australia are welcome

SP Program Details

The prohrama will roughly consist of the following:

Saturday 1st January –

- Пластова Ялинка starting at 4pm;
- SP Ватра in the evening.

Sunday 2nd January – Показовий День

- Sluzhba followed by lunch;
- Показовий День activities/presentation;
- Закриття for the main tabir;
- Night game.

Monday 3rd January – Public holiday

- Mountain bike riding at Forrest after breakfast

To have a look at the Forrest tracks, go to www.rideforrest.com.au/trails. We will be convoying as a group from Sokil to Forrest, and back, which will be just under an hour's drive one way. Thus if you are bringing your own bike you will need to ensure you are able to transport it to and from Sokil/Forrest. We will be relying on each other to drive one another to and from Forrest. When we arrive in Forrest, we will all go to the bike hire place and those of us who need to hire will do so, then we will all make the very short trip to the start of the trails for our ride!

- Late lunch at Forrest – BBQ

Tuesday 4th January –

- Закриття at Sokil in the morning
- A cruise to the beach for a swim/ to play some beach sports
- Leave for home from the beach

Equipment List

Equipment for Tabir

- | | |
|-------------------------------|--|
| • Tent | • Torch |
| • Sleeping bag and mat | • Songbook |
| • Eating utensils & tea towel | • Swimwear |
| • Full Plast uniform | • Towel |
| • Toiletries | • Any sports equipment – cricket set, soccer ball/football, frisbee, etc |
| • Songbook | • Cash for lunch on the last day (4 th) |
| • Sunscreen | •you know the drill!! |
| • Hat | |
| • Personal First-Aid kit | |
| • Camera | |

Equipment for Mountain Biking (if bringing your own bike)

- | | |
|-------------------------|---|
| • Mountain bike | • Cycling footwear (runners, etc, not hiking boots) |
| • Helmet | |
| • Bike repair equipment | |
| • Small backpack | |
| • Water | |

Equipment for Mountain Biking (if hiring the equipment)

- Small backpack
- Water
- Cycling footwear
- Helmet (optional – can be provided in the hire)
- Cash for bike hire

For those who will be hiring mountain bikes, the price includes 3-4 hours of riding (bikes will need to be returned after this time) and a helmet.

Fees

Attendance for the four days (1 Jan 2011 – 4 Jan 2011):

Financial Plast member	Non-financial Plast member
\$75	\$90

Both fee types include meals and camping fees for the 1st - 4th Jan.

The fees DO NOT include bike hire. If you need to hire a bike, please bring cash with you to pay when we go hire them for the half day (\$30). Also bring some extra cash along with you for lunch on the 4th Jan (this is not included in the fees).

If you intend to arrive/leave on different dates (e.g. arrive on 2nd, and leave on 4th), then please contact us ASAP so that we can adjust the fees appropriately.

***UPYu AND UPN BULAVA MEMBERS FOR TABIR PLEASE NOTE** – if you are part of UPyu or UPN bulava up until the 2nd Jan when the main tabir finishes, then your fee for the SP prohrana will be \$50 plus bike hire costs (provided you are a financial Plast member).

Should you not wish to come for the four days and pay meals/camping fee on an ad-hoc basis, the prices for meals are:

Breakfast \$6

Lunch \$9

Dinner \$12

Daily camping fee for using the facilities at Sokil is \$18 per day.

The fee for starshi plastuny for joining Plast Victoria is \$40 for students, and \$60 for those who are working. The form will be up on the Plast Australia website shortly – to view it, you will have to register to become a member of the website.

Other Information and Reminders

Please circle the appropriate picture (yes = ☺ , no = ☹):

I am a vegetarian ☺ ☹

I am qualified in first-aid ☺ ☹

I will be hiring a bike ☺ ☹

Behaviour

Starshi plastuny are reminded to respect the rights of other campers in the area by keeping noise and rubbish to a minimum.

Medical conditions

If you have a medical condition, please ensure that you come to tabir with the necessary medication in case of an emergency and also ensure that at least one other person knows about the condition and what to do in the case of an emergency. **Fill in the Medical Information Form attached in the Main Tabir Pack**

До зустрічі на таборі!
СКОБ!

Ст. пл. Таїса Попович та ст. пл. Адріана Попович
Крайові Референти УСП



2010/11 Litnij SP Tabir Registration Form

Personal details

Full name: _____

DOB: _____ Age: _____

Address: _____

Tel: _____ Mob: _____

Email: _____

☐ I am interested in upcoming USP events and wish to receive information from Plast by email.

Expected arrival date/time: _____

Expected departure date/time: _____

Emergency contact details

Please provide the name and contact details of a person to be contacted (not at camp) in case of an emergency

Name: _____

Tel: _____ Mob: _____

Please read the following terms and conditions before signing the form at the bottom of the page. Your signature will be considered an acceptance of all these terms and conditions.

Plast Data Collection Policy

Plast collects a range of information for the purpose of planning and conducting scouting and youth activities and events for participants in Plast programs. It will be disclosed as appropriate to those planning and conducting activities. Please assist us by informing us of changes to this information as soon as possible. All information will be kept securely and may be accessed upon request.

Authority of Camp Commandant and Camp Committee

I understand that the camp is conducted under the authority of the Victorian Plast Executive and its appointed camp committee. I accept that the camp commandant may make rules for the safe conduct of the camp and that all camp participant and attendees will be required to follow those rules.

Acceptable Behaviour

I acknowledge that acceptable standards of behaviour will be expected of all camp participants and attendees.

Authorisation for Medical Treatment

In the event of a medical emergency, I authorise the camp administration to:

- Consent to the provision of such medical or surgical attention as may be deemed necessary by a qualified medical practitioner.
- Administer such first aid as may be judged to be reasonably necessary I understand that the costs associated with such treatment will be my responsibility.

Use of Participant Images

I ☐ give ☐ do not give

permission for photographs or images of myself to be used without acknowledgement, remuneration or compensation in various Plast newsletters and promotional materials including but not limited to the Plast web site, newsletters, posters, magazine and newspaper articles.

Consent

I have read all of the information provided by Plast in relation to Tabir including all of the attached material. My signature below indicates my acceptance of all of the terms and conditions associated with Tabir:

Name: _____

Signature: _____

Date: _____

Please Fill in the Medical Information Form attached in the Main Tabir Pack

Tabir 2010-2011 Medical Information Form

All information provided is held in confidence and only used for the purpose of providing appropriate care in the case of a medical emergency.

If any of the information provided changes please inform Plast as soon as possible as a lack of information or outdated information may compromise treatment and put health at risk.

Personal Details

Child's full name: _____

Date of Birth: _____ Age: _____

Parent/Guardian's full name: _____

Address: _____

Tel: _____ Mob: _____

Medicare No: _____ Expiry Date: _____ Ref No: _____

Medical/Hospital Insurance Fund: _____ Membership No: _____

Emergency Contact Details

Name: _____ Relationship: _____

Tel: _____ Mob: _____

Family Doctor Details

Name: _____

Address: _____
_____ Tel: _____

Medical History

Please indicate if the individual suffers any of the following:

- | | | | |
|---|---|--|-----------------------------------|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Bed wetting | <input type="checkbox"/> Blackouts | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Dizzy spells | <input type="checkbox"/> Fits of any type | <input type="checkbox"/> Heart condition | <input type="checkbox"/> Migraine |
| <input type="checkbox"/> Sleepwalking | <input type="checkbox"/> Travel sickness | | |
| <input type="checkbox"/> Other, please specify: _____ | | | |

if your child suffers from asthma or anaphylaxis we require your doctor to fill out a management plan which can be found in this Camp information pack on our website www.plast.org.au

Allergies to:

- | | | | |
|-------------------------------------|--------------------------------------|-----------------------------------|--|
| <input type="checkbox"/> Penicillin | <input type="checkbox"/> Other drugs | <input type="checkbox"/> Any food | <input type="checkbox"/> Other allergies |
|-------------------------------------|--------------------------------------|-----------------------------------|--|

Please specify: _____

Any special care required, please specify: _____

Tetanus Immunisation:

Last tetanus immunization was: _____

If over ten years since last immunization, please tick if booster is to be arranged by parents before the camp

Tablets and medications:

Is the individual currently taking tablets and/or medicine? ☐ Yes ☐ No

If yes, please state name of medication, dosage etc. _____

In the case of a plastun/plastunka participating in the UPN or UPY programs:

All medicines must be handed to the first aid leader on arrival, with your child's name, the dose to be taken and when it should be taken.

Previous Experience

Is this the first time the plastun/plastunka has been away from home? ☐ Yes ☐ No

Authorisation for Medical Treatment

In the event that the camp administration cannot contact me, or it is otherwise impracticable to contact me, I authorize the camp administration to:

- Consent to the provision of such medical or surgical attention as may be deemed necessary by a qualified medical practitioner
- Administer such first aid as may be judged to be reasonably necessary

I understand that the costs associated with such treatment will be my responsibility

I will undertake to update this information, if necessary, prior to camp.

Parent/Guardian Signature:

Name: _____

Signature: _____

Date: _____

Asthma Management Form

The following confidential information is required to assist in the proper management of asthma sufferers whilst at *Tabir* (26 December 2010 – 2 January 2011 (4 January 2011 if attending *SP Tabir*)). Please complete and attach to the Parent Consent Form (if applicable)

Child's Name: _____

Please seek the advice of the asthmatic's doctor if necessary when completing this form.

1. Usual maintenance medical program followed:

2. Peak flow readings: Best _____ Critical _____ (bring own peak flow metre)

3. Medication and treatment to be used during worsening asthma:

4. Medication and treatment to be used during crisis situations:

5. List any known asthma trigger factor(s):

Key Questions

6. Has the child been admitted to hospital due to asthma in the past 12 months? Yes No
7. Has the child been on oral cortisone for asthma within the past 12 months?
(e.g. Prednisolone, Cortisone, Betamethasone etc)? Yes No
8. Has the child suffered sudden severe asthma attacks requiring hospitalisation? Yes No

Important Notes

If any of the key questions 6,7 or 8 are answered 'yes' then the decision for the person to attend the above mentioned *Tabir* (26 December 2010 – 2 January 2011 (4 January 2011 if attending *SP Tabir*)) rests with his/her doctor. The process is as follows:

- A letter from the child's doctor, stating the doctor's decision must accompany this form when it is returned.

I declare that the information provided on this form is complete and correct

Parent/Guardian Signature:

Name: _____

Signature: _____ Date: _____

Anaphylaxis Management Form

The following confidential information is required to assist in the proper management of anaphylaxis sufferers whilst at *Tabir* (26 December 2010 – 2 January 2011 (4 January 2011 if attending SP *Tabir*). Please complete and attach to the Parent Consent Form (if applicable)

Child's Name: _____

Please seek the advice of the asthmatic's doctor if necessary when completing this form.

1. What treatment/medication/epipen should be used in the event of an allergic reaction? Please provide details: _____

2. List any known allergies:

If your child is prone to severe allergic reaction, a letter from the child's doctor stating the doctor's decision about attendance at the camp must accompany this form when it is returned.

I declare that the information provided on this form is complete and correct.

Parent/Guardian Signature:

Name: _____

Signature: _____ Date: _____