

# UMPZ Tabir 2016-2017 Registration Form



## Family Details

Родина / Family: \_\_\_\_\_

Адреса / Address: \_\_\_\_\_

\_\_\_\_\_

Тел / Tel: \_\_\_\_\_

Моб / Mob: \_\_\_\_\_

Email: \_\_\_\_\_

I wish to receive information from Plast by email ☐

**Зголошуємо нижчеподаних до табору / We wish to register the following for Tabir:**

Ім'я Name	Дата Нан. DOB	Вік Age	Please tick to indicate the program for each registrant			
			Ptash-eniata	УПН UPN	УПЮ UPY	Tativka

**Please provide a medical information form for each registered person.**

Expected arrival date: \_\_\_\_\_

Expected departure date: \_\_\_\_\_

If you are not attending the full length of the Tabir, please tick whether you will be attending the following special events:

☐ Показовий День / Пласт Ялинка (1/1/2017)

☐ New Year's Eve (31/12/2016)

☐ 2 nights

☐ 3 nights

☐ Ptasheniata Program only (30/12/16 - 3/1/17)

## Emergency Contact Details

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

Ім'я / Name: \_\_\_\_\_

Тел / Tel: \_\_\_\_\_

Моб / Mob: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

**Please read the following terms and conditions before signing the form on the following page. Your signature will be considered as acceptance of all 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 only. 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/We understand that the camp is conducted under the authority of the Victorian Plast Executive and its appointed camp committee. **I/We accept that the camp commandant may make rules for the safe conduct of the camp and that all camp participants and attendees will be required to follow those rules.**

#### **Acceptable Behaviour**

I/We acknowledge that acceptable standards of behaviour will be expected of all camp participants and attendees. I/We understand that in the event of serious misbehaviour of my/our child/children during the camp or any camp activities, they may be sent home. I further understand that in such circumstances I/We will be informed and that any costs associated with their return will be my/our responsibility.

#### **Authorisation for Medical Treatment**

In the event that the camp administration cannot contact me/us, or it is otherwise impracticable to contact me/us, I/we 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/We understand that the costs associated with such treatment will be my/our responsibility.

#### **Travel**

I/We give consent for my/our child/children to travel by bus and on occasion via private vehicle for the purpose of attending camp activities outside the camp grounds.

#### **Use of Participant Images**

I/We give ☐ do not give ☐

permission for photographs or images of the people registered on this form to be used without acknowledgement, remuneration or compensation in various Plast newsletters and promotional materials including but not limited to the Plast website, newsletters, posters, magazine and newspaper articles.

#### **Volunteering**

Please indicate what skills you have that you would be prepared to volunteer for the camp and for what period of time e.g. first aid, nurse, doctor:

<b>Skill</b>	<b>26/12</b>	<b>27/12</b>	<b>28/12</b>	<b>29/12</b>	<b>30/12</b>	<b>31/12</b>	<b>1/1/17</b>	<b>2/1/17</b>

# Правила учасників татівки

## Tativka Code of Conduct

1. Participants are expected to **treat others with courtesy and respect during all interaction** - consider how personal conduct might reinforce inappropriate stereotypes based on gender, race, sexual orientation, religion or any other discriminatory ground and refrain from such conduct.
2. **Participants are required to attend all information briefings** upon request of the Camp Commandant and Camp Administration.
3. Participants must recognise that novatstvo and yunatstvo programs are **run by experienced leaders on a voluntary basis**. Programs are designed to develop skills and experiences without parent/grandparent intervention. Appropriate contact and visitation times will be advised. Inappropriate and unnecessary contact outside of these times (including walking to and from Tativka via the Kolyby Road) is not allowed.
4. **Driving along the Centre Road of Sokil is prohibited** as it poses a severe safety risk to camp participants: in particular novatstvo and ptasheniata. All vehicle access to Tativka is via the Top Road.
5. Participants must **maintain cleanliness in their camping areas** as well as the general camp ground of Sokil. All personal rubbish must be kept and taken by individuals and not left/dumped at Sokil.
6. Participants must also **maintain suitable hygiene and cleanliness** in the showers, toilets and other areas.
7. **All entries to and departures from the Sokil camp site** must be made with the knowledge of Camp Administration. A register of arrivals and departures will be kept at the central administration area / at the main gate.
8. Participants must **respect natural flora and fauna** by using the prescribed paths both by vehicle and on foot. Pruning, cutting or destroying any form of native flora is prohibited.
9. **Fires of any size are strictly prohibited** in the tativka camp area of Sokil.
10. Participants over the age of 18 may **smoke in designated smoking areas only**.
11. Use and possession of **illegal and/or non-prescription drugs/narcotics** is strictly prohibited.
12. **Excessive consumption of alcohol is not tolerated**.
13. Consumption of **alcohol and smoking is strictly prohibited for any participant under the age of 18 years**. *According to the Liquor Control Reform Act 1998 it is an offence to supply alcohol to a minor. This includes an adult buying the alcohol and then supplying it to a minor. The 2011 amendment to the Liquor Control Reform Act provides for a fine of over \$7,500 for people who supply alcohol to minors.*
14. **Noise** in the evening in the Tativka camp area must be kept to a reasonable and respectful level so as not to disturb the enjoyment and welfare of other camp participants, in particular: ptasheniata families, novatstvo and other tativka participants.
15. Any matters which have not been identified in the above Code of Conduct shall be addressed during the course of the camp in the form of announcements and compulsory information briefings.
16. In the event of any breach of the above Code of Conduct and/or daily announcements the Camp Commandant and Camp Administration will review, determine and exercise appropriate sanctions and **reserve the right to eject any camp participant** without refund.
17. Participants agree to **assist with camp chores** as required to keep the camp functioning, clean and efficient.

### Acceptance of Terms, Conditions and Code of Conduct

My/Our signature(s) below indicates my acceptance of all of the terms and conditions associated with Tabir and my/our permission for me (if over 18 years) or my/our child/children to attend:

I/We have read all of the information provided by Plast in relation to Tabir including all of the attached material.

Parent/Guardian or if Over 18 years Signatures:

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# UMPZ Tabir 2016-2017 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. A Medical Information Form must be provided for each camp participant.*

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## Personal Details

My or 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: \_\_\_\_\_

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## Emergency Contact Details

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Tel: \_\_\_\_\_ Mob: \_\_\_\_\_

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## Family Doctor Details

Name: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

Tel: \_\_\_\_\_

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## 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  |  |                                   |

☐ Other, please specify: \_\_\_\_\_

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## Asthma or anaphylaxis

If your child suffers from asthma or anaphylaxis we require your doctor to fill out a management plan which can be found at the end of this Registration Form or on our website [www.plast.org.au](http://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: \_\_\_\_\_

\_\_\_\_\_

The following confidential information is required to assist in the proper management of **anaphylaxis** sufferers whilst at Tabir. Please complete and attach to the Parent Consent Form (if applicable).

**Child's Name:** \_\_\_\_\_

Please seek the advice of the anaphylaxis sufferer'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.**

**Tetanus Immunisation:**

Last tetanus immunisation was: \_\_\_\_\_

If over ten years since last immunisation, will a booster shot be arranged by parents before the camp? ☐ Yes ☐ No

**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 sole responsibility

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

Parent/Guardian/Participant (over 18 years)

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# Asthma Management Form

The following confidential information is required to assist in the proper management of asthma sufferers whilst at *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 (please attach additional pages if necessary):

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

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

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

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

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## Other 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?<br>(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 2016 – 3 January 2017) 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: \_\_\_\_\_