

Sikh Youth Australia 13th Annual Summer Camp



**Sikh
Youth
Australia**

Enrolment Package



4th-9th January 2011

**Sydney Academy of Sport and Recreation
Wakehurst Parkway, Narrabeen**

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I. Welcome!

Thank you for successfully enrolling in the 2011 Sikh Youth Australia Summer Camp! This is our 13th Summer Camp to date, and promises to be the largest and most exciting one yet!

For those who are attending the camp for the first time, Sikh Youth Australia would like to extend warm welcome to you and we are confident you will have a fantastic experience. Please see the special "[Camp First Timers](#)" section of our website to find out more of what to expect.

For those returning to the camp, we are glad to have you on board again!

This enrolment package contains everything you need to complete your registration and important information to make your camp experience as enjoyable as possible. Please take a moment to read through it carefully.

Please note: All attendees are required to fill out and have signed a separate Medical Consent Form (Section IV or V) and bring this ALONG WITH YOUR CONFIRMATION NUMBER to camp for registration.

Be sure to check our website (www.sikhyouthaustralia.com) for the latest news and updates concerning the upcoming Summer Camp.

If you have any further queries regarding the camp or your enrolment, please email info@sikhyouthaustralia.com. You may also call

- Jaswinder Singh Sidhu (0412 552 714)
- Ajmer Singh (0419 409 608),
- Gurpreet Singh (0419 045 309),
- Inderjit Kaur (0430 016 567),
- Satwant Singh (0411 081 244),
- Sukhvinder Singh (0414 573 060)
- Amrik Singh Minhas (0433 953 161)

We look forward to meeting you at the Camp!

II. Getting there

By Car:

If you wish to get to the Camp site by car, the address is:

*Sydney Academy of Sport and Recreation
Wakehurst Parkway, Narrabeen.*

Participants are required at the campsite 6pm sharp on the 4th of January for registration and may be picked up at 2pm on the 9th of January.

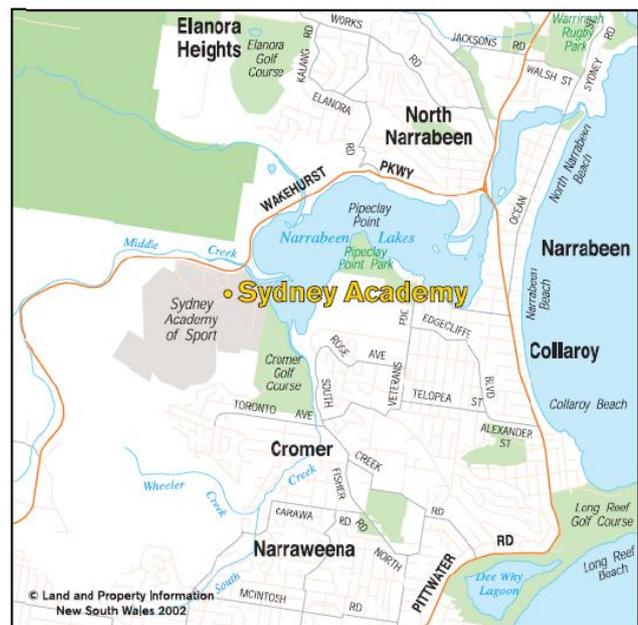
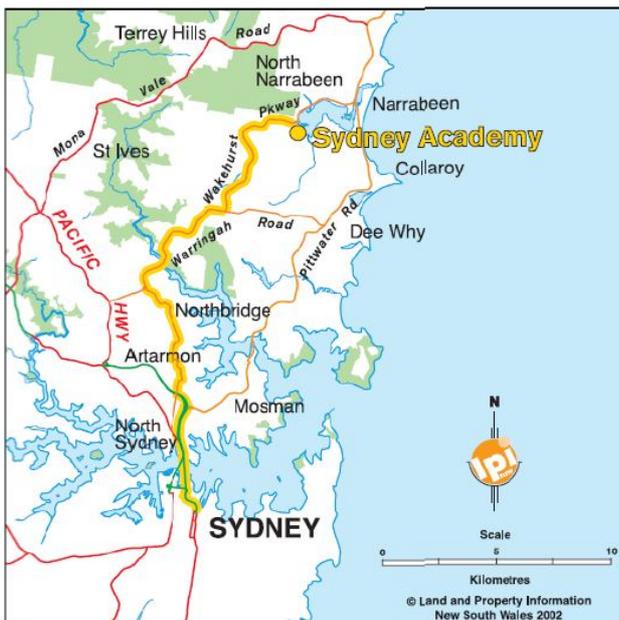
By Bus:

If you have nominated to use the Bus pick up service, Parklea and Revesby pickup will be at 4pm sharp on the 4th January and buses will return at 4pm on the 9th January. Please do not be late, as the bus will leave strictly on time.

Revesby Gurdwara is at 14-18 The River Road, Revesby and Parklea Gurdwara is at 8 Meurants Lane, Glenwood.

From Interstate:

If you are arriving from interstate and require transport from the airport, please notify camp organisers before the 25th of December 2010 with your arrival and departure times and we will provide a pick up and drop off service.



III. What Should I Bring?

A. **Mandatory Items:**

- 1 pillow case
- 2 single flat sheets or 1 sleeping bag
- 2 towels
- Bathroom articles (soap, t/brush, t/paste, lip balm, personal items)
- Comb, brush or kanga
- Handkerchief / tissues
- Sufficient underwear, socks for 5 days
- Shorts & T-shirts preferably with collar
- Warm clothes
- Appropriate clothes for Darbar Sahib
- Appropriate head gear for Darbar Sahib (turban, patka, chuni)
- Suitable change of clothes for 5 days
- Pyjamas
- At least 2 pairs of old track shoes (1 pair of which **will** get wet)
- Thongs / Reefs – may be worn to showers/pool
- Broad brimmed hat
- Raincoat or wet weather gear
- Swimmers & sunshirt to prevent sunburn while swimming
- Swim Caps
- Plastic bag (for wet and dirty clothes)
- 6 clothes pegs
- Torchlight
- Roll-on insect repellent
- Personal supply of SPF 15+ sunscreen

B. **Do NOT bring**

Jewellery, electronic games, mobile phones, spray cans, “junk food”. Any attendee found in possession of contraband (drugs/alcohol etc) will be dealt with severely and appropriate authorities and parents will be notified. SYA takes no responsibility whatsoever for items lost or stolen during the Camp.

C. **Medication**

All medication should be clearly labelled with the child’s name and indicate the dosage and times required. These are collected and stored in the clinic. All medications are taken under the supervision of the camp supervisors.

D. **Camp Behaviour**

SYA Code of Conduct is available at www.sikhyouthaustralia.com/sya-code-of-conduct.pdf and must be adhered to by all camp participants. The SYA code includes behaviour standards at camp and penalties for the breach of code.

Medical and consent form – Adult

Complete form in BLOCK LETTERS

Participant details

| | | | |
|----------------------|-----------------------------------|---------------------------------|--------------------------------------------------------------------|
| First name | Last name | <input type="checkbox"/> Male | Date of birth |
| <input type="text"/> | <input type="text"/> | <input type="checkbox"/> Female | <input type="text"/> / <input type="text"/> / <input type="text"/> |
| Postal address | | Postcode | |
| <input type="text"/> | | <input type="text"/> | |
| Email | Sport and Recreation customer no. | | |
| <input type="text"/> | <input type="text"/> | | |
| Home phone | Mobile phone | Work phone | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | |

Program details

| | | | |
|----------------------|----------------------|--------------------------------------------------------------------|--------------------------------------------------------------------|
| Group booking name | Venue | Date from | Date to |
| <input type="text"/> | <input type="text"/> | <input type="text"/> / <input type="text"/> / <input type="text"/> | <input type="text"/> / <input type="text"/> / <input type="text"/> |

Medical information

Do you have any conditions such as allergies, diabetes, epilepsy, asthma (provide asthma plan), a current illness, a disability/chronic illness, pregnancy? Yes No

If yes, please give details

| |
|------------------------------------|
| ----- ----- |
|------------------------------------|

| | | |
|----------------------|---------------------------------------------|----------------------------------|
| Medicare number | Valid to | Position number on Medicare card |
| <input type="text"/> | <input type="text"/> / <input type="text"/> | <input type="text"/> |
| Next of Kin name | Next of Kin phone contact number | |
| <input type="text"/> | <input type="text"/> | |

Special requirements and dietary needs

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

| |
|------------------------------------|
| ----- ----- |
|------------------------------------|

Optional information

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

Medical and consent form – Adult

Optional information

Health care card number

Pharmaceutical benefits concession card

Pensioner health benefits card

Private health insurance fund

Number

Do you have ambulance cover? Yes No

Privacy statement

Communities NSW of 6 Figtree Drive, Sydney Olympic Park, NSW 2127 will collect and store the information you provide to enable processing of enrolments for the program. 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 Communities NSW 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 and media consent

- a) I agree to attend the Centre to undertake all activities and/or to participate in the above program and that I will, abide by the rules and conditions of the Centre, and/or the Department, including those in any literature or verbal or written instructions. I authorise in the case of an emergency for the Centre or program staff, where it is impracticable to communicate with me, to arrange for me 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 participating in any activity or whilst I am in attendance at the Centre.

Except for situations in which a claim arises as a result of a negligent act or omission by Communities NSW or its employees, servants, volunteers or agents (hereafter each the "Released Persons"), I agree to indemnify and keep indemnified the Released Persons from and against all claims whatsoever and whenever brought, prosecuted or made against any of the Released Persons for which the Released Persons will or may be or become liable arising from or as a result of my attendance at the Centre and/or participation in any activity. I also agree to waive, release and discharge all and any claim, right or cause of action against the Released Persons, however arising, whether currently known or arising in the future, which I may otherwise have for, or arising out of, the loss of my life, or injury, damage or loss of any description whatsoever and howsoever caused which I may suffer or sustain in the course of or as a result of my participation in any activity and/or attendance at the Centre.

- b) Please tick whichever applies to you:

I consent / I do not consent to allow Communities NSW to use my name and any photographs, sound and film recordings taken of me at this program for the promotion of Communities NSW's services and initiatives to the media and to the general public.

Name (print)

Signature

Date

 / /

Returning this form

Please return this form to the coordinator of your Sport and Recreation program.

For more information call

13 13 02 or visit www.dsr.nsw.gov.au



Communities
Sport & Recreation

Medical and consent form – Child

Participant details

| | | | |
|----------------------|----------------------|---------------------------------|--------------------------------------------------------------------|
| First name | Last name | <input type="checkbox"/> Male | Date of birth |
| <input type="text"/> | <input type="text"/> | <input type="checkbox"/> Female | <input type="text"/> / <input type="text"/> / <input type="text"/> |
| School name | Year group | | |
| <input type="text"/> | <input type="text"/> | | |
| Postal address | | | |
| <input type="text"/> | | | Postcode |
| <input type="text"/> | | | |

Program details

| | | | |
|---------------------------|----------------------|--------------------------------------------------------------------|--------------------------------------------------------------------|
| Program number (if known) | Centre name | Date from | Date to |
| <input type="text"/> | <input type="text"/> | <input type="text"/> / <input type="text"/> / <input type="text"/> | <input type="text"/> / <input type="text"/> / <input type="text"/> |

Parent/guardian contact details

| | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------|----------------------|----------------------|
| First name | Last name | |
| <input type="text"/> | <input type="text"/> | |
| Postal address | | |
| <input type="text"/> | | |
| Postcode | | |
| Home phone | Email | |
| <input type="text"/> | <input type="text"/> | |
| Mobile phone | Work phone | Fax number |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Relationship to participant | | |
| <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Grandparent <input type="checkbox"/> Family member | | |

Further information

Is the child of Aboriginal or Torres Strait Islander descent? (For statistical purposes only) Yes No

Are one/both the parents from a culturally or linguistically diverse background or community? (For statistical purposes only) Yes No

Health details and related information

Does the participant suffer from the following? (if yes to one or more, please attach details as required)

- A current illness (eg. flu)
 A disability/chronic illness
 Any allergic condition
 Asthma (provide asthma plan)
 Bed wetting
 Attention deficit disorder (ADD/ADHD)
 Behavioural problems
 Diabetes
 Epilepsy
 Sleep walking
 Skin condition
 Other _____

| | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|--------------------------------------------------------------------|
| Private health insurance fund | Number | |
| <input type="text"/> | <input type="text"/> | |
| Medicare number | Position on card | Valid till |
| <input type="text"/> | <input type="text"/> | <input type="text"/> / <input type="text"/> / <input type="text"/> |
| Swimming ability | | |
| <input type="checkbox"/> Strong – 50 metres unaided <input type="checkbox"/> Average – 25 metres unaided <input type="checkbox"/> Poor – 10 metres unaided <input type="checkbox"/> Non-swimmer | | |

Medical and consent form – Child

Current medication

| Name | Time and dosage – please specify exact time of medication (attach details as required) | | | | | | | | | |
|--------------|----------------------------------------------------------------------------------------|---------|---------|---------|--------|---------|------------|---------|-------|------|
| | 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. Staff will collect, supervise and register the taking of all medication.

Special requirements and dietary needs

Please identify any special needs or requirements not listed above (eg. diet, wheelchair access etc.)

| |
|-----------------------------------------------------------------------------------------|
| <hr style="border-top: 1px dashed black;"/> <hr style="border-top: 1px dashed black;"/> |
|-----------------------------------------------------------------------------------------|

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

Yes No Year _____

Has he/she been immunised against measles?

Yes No Year _____

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a) I agree for my child/ward to attend the Centre to undertake all activities and/or to participate in the above program and that my child/ward will abide by the rules and conditions of the Centre, and/or the Department, including those in any literature or verbal or written instructions. I authorise in the case of an emergency for the Centre or program staff, where it is impracticable 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 participating in any activity or is in attendance at the Centre.

Except for situations in which a claim arises as a result of a negligent act or omission by Communities NSW or its employees, servants, volunteers or agents (hereafter each the "Released Persons"), I agree to indemnify and keep indemnified the Released Persons from and against all claims whatsoever and whenever brought, prosecuted or made against any of the Released Persons for which the Released Persons will or may be or become liable arising from or as a result of my child's/ward's attendance at the Centre and/or participation in any activity. I also agree to waive, release and discharge all and any claim, right or cause of action against the Released Persons, however arising, whether currently known or arising in the future, which I may otherwise have for the loss of my child's/ward's life, or injury, damage or loss of any description whatsoever and howsoever caused which my child/ward may suffer or sustain in the course of or as a result of my child's/ward's participation in any activity and/or attendance at the Centre.

b) Please tick whichever applies to you

I consent / I do not consent to allow Communities NSW to use my child's/my ward's name and any photographs, sound and film recordings taken of my child/my ward at this program for the promotion of Communities NSW's services and initiatives to the media and to the general public.

Name (print)

Signature

Date

 / /

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