



Registration Form (one per child)

**CHILD ATTENDING**

Full Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_  
(First Name) (Surname)

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

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M/F \_\_\_\_ Attended sleepover camp before? \_\_\_\_\_

Please detail any separation/sleeping issues? \_\_\_\_\_  
\_\_\_\_\_

**EMERGENCY CONTACTS**

**Parent/Guardian** Relationship to Child: \_\_\_\_\_

Full Name: \_\_\_\_\_  
(First Name) (Surname)

Address: \_\_\_\_\_  
(If different to child)

Contact Tel No's Mobile: \_\_\_\_\_ Other: \_\_\_\_\_

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

**Second (2) Contact** Relationship to Child: \_\_\_\_\_

Full Name: \_\_\_\_\_  
(First Name) (Surname)

Contact Tel No: \_\_\_\_\_

**We will be dropping your child/ren off at two destinations in Perth based on location of attendees**

If you are not picking up your child/children, please advise the name and telephone no of the person authorised to collect them after camp:

\_\_\_\_\_



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**Medical Information**

Child's Full Name: \_\_\_\_\_

Name of Doctor: \_\_\_\_\_ Phone number of Doctor: \_\_\_\_\_

Medical Condition	Specify Condition	Further Information/ Action Required	
Food allergies or special dietary requirements*			
Other Allergies			
Other medical			
Has your child been immunized against Tetanus?		Date Immunized:	
We may be visiting the local pool and water slide. Please indicate your child's swimming ability.	Circle ability level <b>Excellent / Good / Fair / Poor / Non-Swimmer</b>		

**\*\*\*\*All medications must be clearly labelled and handed to leaders upon arrival\*\*\*\***

Due to the responsibility of the staff at camp, all medication including vitamins, over the counter medication and prescription medication **MUST** be in their original containers. Medication not in the original containers will not be dispensed. All medication, vitamins, etc. must be clearly marked and handed into camp leaders when dropping off your child. Medications will be administered by camp leaders. Please outline any medications your child is taking (dosage and frequency):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please provide any other information that will assist us in the care of your child e.g. behavioural issues, social issues, other factors.

\_\_\_\_\_

\_\_\_\_\_



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**What is your child's T-shirt size?**

Child Sizes

XS (5-6)  S (7-8)  M (9-10)  L (11-12)  XL (13-14)

Adult Sizes

Mens: S  M  L  XL  Womens: 8  10  12  14  16

**PARENTAL CONSENT**

I hereby give permission for \_\_\_\_\_ to attend and participate in the activities of the 2018 Cystic Fibrosis Western Australia (CFWA) Sibling & Offspring Camp to be held at Camp Kulin, Kulin from the 2<sup>nd</sup> - 4<sup>th</sup> October 2018.

I confirm that all details provided on this registration form are correct.

I give the camp leaders permission to administer any medications as directed by me in this registration form.

If leaders are concerned about my child or charge in any way, I understand that they will endeavour to contact me or my emergency contact, on the number/s I have provided however, in the case of a medical emergency, I give permission for medical/surgical intervention to be provided as required and acknowledge that any expenses incurred in the provision of such medical/surgical intervention are to be paid by me.

I agree that the organisers reserve the right to expel any participant from the camp who disrupts or hinders the program and I accept that should this be my child or charge, the cost of removing them will be my responsibility.

To the full extent allowed by law, I hereby indemnify Cystic Fibrosis Western Australia, its directors, staff members, camp leaders and other employees against any claim relating to my child or ward that may arise and hereby release CFWA from any liability in the event of an illness, accident or misfortune that may occur to the participant.

Photographs will be taken of your child/children during the camp and will be used in printed publications, promotional material and social media. Please advise staff if you DO NOT give permission for such usage.

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Please return your completed registration via [services@cfwa.org.au](mailto:services@cfwa.org.au) form to the office by:

**Monday 3rd September 2018**