

Pathways into Womanhood REGISTRATION FORM

Welcome - Here is some IMPORTANT INFORMATION for all parents/caregivers

Congratulations on choosing to attend this program! It is vitally important that all parents/carers read and understand all the enclosed information. **PLEASE NOTE** that it is a requirement of the Pathways Program that you read, complete and sign the below forms. It is our policy that this must be done to ensure your daughter's acceptance to the program.

I/We, being parent/guardian of (*insert girls name*), have read and completed all the information sent to me/us from the Pathways Foundation in relation to the camp which will be held on the dates

Name..... Name

Signature Signature

CHECKLIST (Please check that each of the following has been read, completed and returned.)

- Important Note to all parents and caregivers
- Registration form
- Medical Form
- Allergy and Asthma Form (if applicable)
- Consent Form
- Mother/Mentor Medical Form
- Deposit enclosed: please see page 2 for camp costs and page 8 & 9 for payment options.
 - Cheque/money order attached
 - Credit card details completed
 - Internet transfer
 - Funds deposited at Bank

Please return all forms and deposit to:

Pathways Foundation
PO Box 416
Narooma NSW 2546

Fax: 02 8221 9474

E: admin@pathwaysfoundation.org.au

Pathways Foundation

PAYMENT TERMS

Pathways Foundation Payment Terms and Refund Policy

Please note that **Pathways Foundation** is a non-profit organization. We incur a lot of overheads to run our camps and aim to keep costs for participants as low as possible. We often have waiting lists for our camps AND it is very difficult to fill places at short notice. For this reason, we have the following payment terms and refund policy:

- 1 The cost of the Pathways into Womanhood program is \$1,950.00 per mother/daughter couple which includes accommodation, food and facilitation.
- 2 A camp deposit of \$600 is required to secure your place on the program at the time of registration.
- 3 The camp deposit paid as part of your registration process is NON REFUNDABLE unless the camp is cancelled by Pathways Foundation when the deposit and other paid camp fees will be refunded.
- 4 You are required to pay the balance of your camp fees 6 weeks prior to the commencement of the camp.
- 5 If you cancel your booking 8 weeks or more prior to the commencement of the camp:
 - a. You may transfer your deposit and other paid camp fees to another scheduled camp.
 - b. You may ask for your deposit and other paid camp fees to be held until you nominate another camp to transfer your fees to. Your paid fees will be held for a maximum of 12 months from the time of cancellation, after which the fees will no longer be transferable and will be treated as a cancellation fee by Pathways Foundation.
 - c. You may ask, at the time of cancellation, for your paid camp fees other than your non-refundable deposit to be refunded.
- 6 If you cancel your booking less than 8 weeks prior to the commencement of the camp the deposit and other paid camp fees will be NON REFUNDABLE and treated as a cancellation fee UNLESS there are extenuating circumstances leading to the cancellation when the deposit and camp fees MAY be treated as transferable on the approval of the Operations Manager. Please provide Pathways foundation with a written request detailing the circumstances of your cancellation.
- 7 Please refer www.pathwaysfoundation.org.au to ensure you have the latest registration form and terms. Prices may be subject to variation.
- 8 If you require financial assistance please download the "Financial Assistance Package" from our website. Please send us this form with your request for financial assistance.

I have read and understood these payment terms and conditions.

Yes / No

Signed (person who is responsible for paying) **Date:**

Pathways Foundation

REGISTRATION FORM

Date and location of camp:.....

Name of attending girl.....

Address

State Postcode

Phone..... Date of Birth

School

Accompanying Woman/Mother**Relationship**

Address

State..... Postcode

Phone: home work mobile

Email

Please complete the Father\Male fields as they play an integral part in the program and have a role to play during the process.

Father/Male **Relationship**

Address

State..... Postcode

Phone: home work mobile

Email

What are the current living arrangements of the girl participating?

Lives with

- Mother**
- Father**
- Other**

Where did you hear about the Pathways into Womanhood program?

.....

Does the attending girl have any dietary needs? YES/NO

If YES please specify.....

.....

Pathways Foundation

MEDICAL FORM

Does the attending girl suffer from: (please tick)

- Fits of any kind Heart condition Diabetes Migraine
- Dizzy spells Sleep disorders Blackouts Epilepsy
- Travel sickness Disability Recent or recurrent illness
- Mental health

If YES to any of the above please specify

.....

.....

Is there any other information relating to physical or mental health and wellbeing we need to know?

.....

.....

Menstruation:

Has she started menstruating? **YES / NO**

If Yes, how long has she been having periods.....

If No, does she know about menstruation? **YES / NO**

Does she have any problems with her periods?

.....

Signed _____ **Date** _____

Name of girl _____

What may trigger an allergic reaction?

- Insect bites Plant pollens Plants Food groups or additives
- Penicillin Food Animals Detergents or cleaning agents
- Other drugs (please specify)
- Other allergies (please specify)

What are the signs and symptoms of her reaction?

.....

.....

What may trigger an asthmatic reaction? (food, exercise, cold weather, pollen)

.....

.....

.....

What are her usual symptoms? (wheezing, coughing, tightness in chest, difficulty breathing, other)

.....

.....

.....

What is her Treatment/Management Plan? (please ensure she carries required medication with her at all times)

	Medication	Dosage
Prevention		
Treatment during reaction/Reliever		
Treatment after reaction/during an attack		

Signed **Date:**

(Mother/Accompanying Woman)

Pathways Foundation

MEDICAL FORM

Name of Mother/Accompanying Woman _____

Date of Birth: _____

Do you have any medical condition that would make it difficult for you to take part in gentle morning exercises? **YES / NO**

If YES please give details _____

Do you have any medical condition that we need to be aware of or are you on any medication? **YES / NO**

If YES please give details _____

Name and number of person to be contacted in case of emergency _____

Do you have any specific dietary needs? _____

Is there any other information we need to know? **YES / NO**

If YES to any of the above please elaborate _____

I hereby declare that the above information is true and correct.

Signed _____ **Date** _____
(Mother/Accompanying Woman)

Pathways Foundation

CONSENT FORM

Name of attending girl

- I/we being the parent/guardian of the above-mentioned attending girl declare that I/we understand that the activities may involve running, jumping, dancing and water thus exposing my/our girl to situations and physical activity not encountered in a classroom.
- I/we acknowledge that while **Pathways** and its staff will make every reasonable effort to minimise exposure to known risks, all hazards and dangers associated with these activities cannot be foreseen or may be beyond the control of **Pathways** and its staff.
- I/we hereby indemnify **Pathways** and its staff against any claim for accident or injury to my/our child during the course of the program.
- I/we understand that my/our girl’s involvement in the **Pathways** program may mean that she is remote from immediate medical help. I/we have provided **Pathways** with enough written information to deal appropriately with the attending girl’s medical condition.
- I/we further authorise **Pathways**, in the event of any injury or illness, and where it is not possible or reasonable to obtain my/our consent at the time, to engage a Medical Practitioner, Ambulance or hospital facilities. In this event I/we agree to pay all such emergency evacuation, Ambulance, Doctor, Nurse and /or hospital expenses.
- I/we have read the Frequently Asked Questions and other accompanying documents, and understand the level of involvement required of me/us.
- **Participants will, at times, be engaging in physical and emotional processes. Full disclosure of any prior or existing conditions is required.**
- I/we have provided all information relating to physical or mental health and well being.

Accompanying woman (parent/guardian):

Man (parent/guardian):

Name

Name

Signature

Signature

Pathways Foundation

ACCOUNT PAYMENT OPTIONS

You can pay your \$600 **deposit** by the following methods:

1) Pay by **cheque or money order** made payable to **Pathways Foundation Limited**

2) Pay by **internet transfer** Account name: Pathways Foundation Limited,
BSB: 082 522
Account number: 551 510 453

Please put your last name in the subject line and email or fax deposit notification

3) Pay by **credit card** by completing the details below and returning this form to us by fax or mail.

Your Name:.....			
Address:			
Telephone contact number:			
Credit Card Information: Card type:			
<input type="checkbox"/> Bankcard	<input type="checkbox"/> Mastercard	<input type="checkbox"/> Visa	
Account No:			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name on card:			
Amount to be charged to the above account for deposit: \$.600.00.			
Signature.....		Expiry date/.....	

Please return all forms and deposit to:

Pathways Foundation
PO Box 416 Narooma NSW

Fax: 02 8221 9474 or scan
Email: admin@pathwaysfoundation.org.au

Please detach this form and keep to enable you to make your final camp payment.

You can pay the **balance of your account** by the following methods:

1) Pay by **cheque or money order** made payable to **Pathways Foundation Limited**

2) Pay by **internet transfer** Account name: Pathways Foundation Limited,
BSB: 082 522
Account number: 551 510 453

Please put your last name in the subject line and email or fax deposit notification

3) Pay by **credit card** by completing the details below and returning this form to us by fax or mail.

Your Name:.....
Address:
Telephone contact number:
Credit Card Information: Card type:
<input type="checkbox"/> Bankcard <input type="checkbox"/> Mastercard <input type="checkbox"/> Visa
Account No:
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Name on card:
Amount to be charged to the above account: \$
Signature Expiry date/.....

Please return to:

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PO Box 416
Narooma NSW 2546 or Fax: 02 8221 9474