



YoungSTARS



REGISTRATION FORM

IMPORTANT INFORMATION for all parents and caregivers

I _____, am the *(please insert relationship)* _____
of *(insert boys name)* _____, and have read and completed all the
information sent to me from the Pathways Foundation in relation to the 'Young Stars' camp which will
be held on _____, at _____.

Name _____

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
- Father/Mentor Medical Form

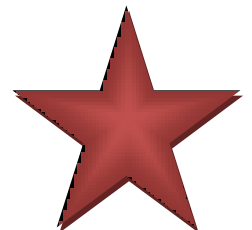


Please return all forms to:

Pathways Foundation Ltd
PO Box 416
NAROOMA NSW 2546

Fax 02 8221 9474

E: admin@pathwaysfoundation.org.au



Pathways Foundation Payment Terms and Refund Policy

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

- 1 The total cost of the Young Stars camp is \$300**
- 2 You are required to pay the full cost of the camp when you send in your registration form.
- 3 The camp is NON REFUNDABLE unless the camp is cancelled by Pathways Foundation when the fees will be refunded.
- 4 If you cancel your booking 6 weeks or more prior to the commencement of the camp you may transfer to another scheduled camp. 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.
- 5 If you cancel your booking less than 6 weeks prior to the commencement of the camp the paid camp fees may 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.
- 6 Please refer www.pathwaysfoundation.org.au to ensure you have the latest registration form and terms. Prices may be subject to variation.

I have read and understood these payment terms and conditions.

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

Name of attending boy _____

Address _____

State _____ Postcode _____

Phone _____ DOB _____

School _____

Accompanying Male/ Father _____ Relationship _____

Address _____

State _____ Postcode _____

Phone: home _____ work _____ mobile _____

Email: _____

DOB _____

Where did you hear about the YoungStars program?

Name of attending boy -----

Pathways programs involve outdoor activities. **Does the attending boy have any medical condition that we need to be aware of or is he on any medication?** **YES / NO**

If YES please give details _____

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

The following information may prove useful in the event of a medical emergency or in determining a participant's fitness for a given activity.

Does the attending boy experience (please tick)

Seizures 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 elaborate _____

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

Does the attending boy have any dietary needs? **YES / NO**

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

Signed _____ **Date** _____

Name of boy _____

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 his reaction?

.....

.....

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

.....

.....

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

.....

.....

What is his Treatment/Management Plan? (please ensure he carries required medication with him at all times)

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

Signed (parent/guardian) **Date:**

Name of attending boy _____

- I _____ being parent/ guardian of the above-mentioned attending boy declare that I understand that the activities may involve running, jumping and water, thus exposing my son to situations and physical activity not encountered in a classroom.
- I 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 hereby indemnify **Pathways** and its staff against any claim for accident or injury to my child during the course of the program.
- I understand that my son's involvement in the **Pathways** Program may mean that he is remote from immediate medical help. I have provided **Pathways** with enough written information to deal appropriately with the attending boy's medical conditions.
- I further authorise **Pathways**, in the event of any injury or illness, and where it is not possible or reasonable to obtain my consent at the time, to engage a Medical Practitioner, Ambulance or hospital facilities. In this event I agree to pay all such emergency evacuation, Ambulance, Doctor, Nurse and /or hospital expenses.
- **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.

Signed: _____ (parent/guardian) Date: _____

Name of Father/Mentor _____

Do you have any medical condition that would make it difficult for you to walk up to 5kms across moderate terrain or 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 _____

Do you have any dietary needs? **YES / NO**

If YES please give details _____

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

I hereby declare that the above information is true and correct

Signed _____ (parent/guardian) Date _____

You can pay your \$300 **camp fee** 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="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Name on card:			
Amount to be charged to the above account: \$300.00			
Signature		Expiry date/.....	

Please return all forms and payment to:

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