

# 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
- The Camp Deposit is \$600 and will secure your place. Payment details and a link is provided to complete when you send in this Registration Form.

**Pathways Foundation Payment Terms and Refund Policy**

Please note that **Pathways Foundation** is a non-profit organisation. 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 **\$2,400.00** 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](http://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:** .....

**Date and location of camp:**.....

**Name of attending girl**.....

Address .....

State ..... Postcode .....

Phone..... Date of Birth .....

School .....

**Accompanying Woman/Mother** .....**Relationship** .....

Address .....

State..... Postcode ..... Date of Birth .....

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** \_\_\_\_\_  
**(Mother/Accompanying Woman)**

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
<b>Prevention</b>		
<b>Treatment during reaction/Reliever</b>		
<b>Treatment after reaction/during an attack</b>		

Signed ..... Date: .....  
 (Mother/Accompanying Woman)

**Name of Mother/Accompanying Woman** \_\_\_\_\_

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)**

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 .....

To secure your place please pay the \$600 Deposit with this Registration Form.  
Please click button below for Payment Options.

Pay Deposit Now

You will need to enter in **your SURNAME then the Camp Code** for your Camp provided below.

Camp Code: **PIW0414**  
Pathways into Womanhood Sydney/South Coast Region  
Apr 14, 2020 – Apr 18, 2020

Camp Code: **PIW0929**  
Pathways into Womanhood Sydney/South Coast Region  
Sep 29, 2020 – Oct 3, 2020

Please ensure you email your receipt to us at [admin@pathwaysfoundation.org.au](mailto:admin@pathwaysfoundation.org.au)

Thank you!