

PATHWAYS INTO WOMANHOOD REGISTRATION FORM

IMPORTANT INFORMATION FOR ALL PARENTS AND 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 girl's 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, then please submit.)

- Important note to all parents and caregivers
- Registration form
- Medical form
- Allergies and asthma form (if applicable)
- Mother/Mentor medical form
- Consent form
- The Camp deposit is \$600 and will secure your place. Payment details and a link is provided on at the end of the form.

THANK YOU

REGISTRATION FORM

Date and location of Camp:

ATTENDEE DETAILS:

Name of attending girl: D.O.B:

Address:

Phone: School:

ACCOMPANYING FEMALE:

Name: Relationship:

Address:

Email: D.O.B:

Phone: home work mobile

FATHER / MALE:

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

Name: Relationship:

Address:

Email: D.O.B:

Phone: home work mobile

What are the current living arrangements of the girl participating?

Lives with: Both parents / Mother / Father / Other:

Does the attending girl have any dietary needs? Yes / No If yes, please specify:

Where did you hear about the Pathways into Womanhood Program?

MEDICAL FORM – ATTENDING GIRL:

Does the attending girl suffer from: *(please tick all relevant)*

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

Please specify:

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

ALLERGIES / ASTHMA – ATTENDING 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? (eg. 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:
 (parent/guardian)

MEDICAL FORM – ACCOMPANYING FEMALE:

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 specify:

Do you have any medical condition that we need to be aware of or are you on any medication? Yes / No If yes, please specify:

Do you have any dietary needs? Yes / No If yes, please specify:

Details of person to be contacted in case of emergency:

Name: Relationship:
Phone: home work mobile

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

Signed: Date:

(accompanying female)

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 and water thus exposing my/our daughter 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 daughter’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 conditions.
- 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 female (parent/guardian):	Father / male (parent/guardian):
Name: <input type="text"/>	Name: <input type="text"/>
Signature: <input type="text"/>	Signature: <input type="text"/>

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 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 per mother/daughter couple which includes accommodation, food and facilitation.
2. 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.
3. You are required to pay the balance of your Camp fees 6 weeks prior to the commencement of the Camp.
4. 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.
5. 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.
6. Please refer www.pathwaysfoundation.org.au to ensure you have the latest registration form and terms. Prices may be subject to variation.
7. 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:

Date:

(person who is responsible for paying)

PAYING YOUR DEPOSIT

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

[PAY DEPOSIT NOW](#)

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

[CAMP CODES](#)

Please ensure you email your receipt to us at admin@pathwaysfoundation.org.au

THANK YOU