

BE DEADLY

Lord Somers Camp and Power House Be Deadly October 2018

Your form is due back: _____

Where are you registering from?

North Western Victoria

- Mallee
- Loddon Campaspe
- Hume Moreland
- North Eastern Melbourn

South Eastern Victoria

- Outer Gippsland
- Inner Gippsland
- Southern Melbourne
- Bayside Peninsula

North Eastern Victoria

- Ovens Murray
- Goulburn
- Outer Eastern Melbourne
- Inner Eastern Melbourne

South Western Victoria

- Wimmera South West Area
- Barwon
- Central Highlands
- Western Melbourne
- Brimbank Melton

Have you attended the Be Deadly program before?

- Yes No

First name: _____ Surname (Family name): _____

Preferred name (nickname): _____

Gender : Female Male Non-Binary / 3rd Gender Prefer not to say

Date of Birth: _____ Age: _____

Address: _____

Suburb: _____ Postcode: _____

Contact Number: _____ Email: _____

School: _____ Year Level: _____

Who's your mob?

Eg. Yorta Yorta, Gunnai? _____

Swimming ability: Can't swim Weak <50m Fair 50-100m Competent 100-200m Strong >200m



Questions?

Participant Coordinator: pc.bedeaddy@lordsomerscamp.org.au
LSC&PH Office: e. info@lordsomerscamp.org.au | p. 03 9510 7066

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- Favourite Songs: 1.
2.
3.

Medical Information

Does the person applying...

have any diagnosed **medical conditions**? (eg. Diabetes, Depression, Anxiety) Yes No

require regular **medication**? Yes No

if **yes**, what is it? _____

have an **allergy**? Yes No

if **yes**, what is it to? _____

have **Asthma**? Yes No

have **Diabetes**? Yes No

have **Epilepsy**? Yes No

if yes to the above, please attach a copy of your most recent management plans

have a **dietary requirement** (eg. Vegetarian, low FODMAP, Halal) Yes No

if **yes**, what is it? _____

have **any concerns** which would stop you from participating? Yes No

if **yes**, please provide more information _____



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Emergency Contact details – *who should we contact first?*

Name: _____ Relationship: _____

Contact Number: _____ Email: _____

Can you pick up the participant during the weekend? Yes No

Emergency Contact details – *who should we contact second?*

Name: _____ Relationship: _____

Contact Number: _____ Email: _____

Can you pick up the participant during the weekend? Yes No

PRIVACY COLLECTION STATEMENT AND CONSENT

LSC&PH is committed to the protection of your privacy. The information sought through this form is confidential and will only be used for purposes as outlined in our Privacy Policy which can be found on our website: www.lscph.org.au/policies

Behaviour at Camp

I am aware that everyone is responsible for their own behaviour at the camp and that in undertaking this program; they do so at their own risk.

Electronic Devices

I understand that all electronic devices, including mobile phones are not to be brought to camp. I agree to this condition and understand that devices brought to camp will be locked in the security area for the duration of camp.

Extreme Weather

I understand that in the event of extreme weather or other dangerous circumstances the Camp will cease early for the safety of all participants and staff. In the event that the Camp is ceased early, LSC&PH will make arrangements for participants to be transported back to the LSC&PH offices in Albert Park, Melbourne.



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Surveys

LSC&PH use evaluation surveys to assess the quality of our programs. I understand that participation in the post camps evaluation survey is voluntary.

- I consent to the use of survey data for the preparation and publication of LSC&PH reports and assessments which demonstrate the effectiveness of our program.
- I understand that LSC&PH may use a third party to interpret data from surveys in assessing the quality of our programs.
- When presented, I understand this data will not include any identifying information, as this will have been removed from the dataset.

Media

A video and photographic record of activities is taken at the camp. I agree that for the person named on this form to have LSC&PH;

- Film, interview and generally record in picture, and/or voice, and/or written testimonials.
- Reproduce and edit the above into publications including (but not limited to); website, daily videos, promotional videos, photo books, the Summers Times and The Journal.
- Use all material gathered for marketing purposes, including but not limited to images, testimonials, evaluations and work produced.
- Circulate a video and photographic record of the program to program attendees.

Parent / Guardian to complete

Please tick one option below:

- I agree and consent to all the above.
- I do not agree and do not consent to any of the above.
- Permission is required by Child Protection Services.

Parent / Guardian Name: _____

Signature: _____

Date: _____



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