



# UKRAINIAN YOUTH ASSOCIATION

Oseredok Kruty Perth W.A.

PO Box 22, Maylands WA 6931

## CAMP REGISTRATION FORM

SUMMER CAMP – 27/12/2011 - 01/01/2012

ERN HALLIDAY RECREATION CAMP– Whitfords Avenue HILLARYS WA

Registration Closes 09<sup>th</sup> DECEMBER

Family: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (home) \_\_\_\_\_ (work) \_\_\_\_\_ (mobile) \_\_\_\_\_

Email Address: \_\_\_\_\_

We wish to register the following:

Name 1: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Dates Attending: \_\_\_\_\_

Name 2: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Dates Attending: \_\_\_\_\_

Name 3: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Dates Attending: \_\_\_\_\_

Name 4: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Dates Attending: \_\_\_\_\_

Name 5: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Dates Attending: \_\_\_\_\_

Name 6: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Dates Attending: \_\_\_\_\_

Person to contact in case of emergency (primary contact):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Preferred contact number: \_\_\_\_\_ Secondary contact number: \_\_\_\_\_

Person to contact in case of emergency (secondary contact):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Preferred contact number: \_\_\_\_\_ Secondary contact number: \_\_\_\_\_

## Cost

The costs below are inclusive of accommodation, meals and activities. There are no additional costs (excludes damages).

	CYM Members		Non Members	
	Whole Camp	Overnight Rate	Whole Camp	Day Rate
Sumenyata (0 - 5 yrs)	\$0	\$0	\$0	\$0
Unatsvo (6 - 12 yrs)	\$130	\$35	\$160	\$50
Unatsvo (13 - 17 yrs)	\$150	\$45	\$180	\$55
Druzhynyky (18 yrs +)	\$165	\$50	\$200	\$60
Family Rate (2 Adults & 2 Children)	\$550	-	\$700	-

## Payment Options

### Cheque Details:

NAME: Ukrainian Youth Association of WA  
Posted to above address with registration form

### Banking Details:

NAME: Ukr Youth Association of WA  
BANK: Dnister  
BSB: 704-235  
ACCOUNT: 00001654  
REFERENCE: (Initials) (Surname) CYM Camp

If using electronic banking, please send a confirmation email with registration form to [kozaku@gmail.com](mailto:kozaku@gmail.com)

## Medical Information

Medicare Number \_\_\_\_\_ Private Health Fund \_\_\_\_\_

Do any of the registered suffer from any illness? \_\_\_\_\_

\_\_\_\_\_

Are any of the registered on current medications, if so which medications?

\_\_\_\_\_

Can the person tend to their own medications? Yes / No (will require assistance)

If No please provide details: \_\_\_\_\_

\_\_\_\_\_

Do any of the registered suffer from any allergies (food, medical/drug and other)?

\_\_\_\_\_

Any other medical/physical concerns?

\_\_\_\_\_

## Duty of Care

**For children under 10 only** - to assist with the care of children under ten, we require that these children have nominated parents or guardians present at the camp. If the guardian who will be present at the camp is not the usual guardian of that child please provide their name below. We encourage you to consider and contact other adults who will be present at the camp to see if they can act as a 'temporary responsible adult' while you are not present. This will greatly assist in providing the required support needed for younger children and allow the child to have an adult that they recognise present at camp.

Childs usual parent/guardian will be present. Name/s- \_\_\_\_\_

Other temporary people who can be contacted on camp in case of assistance: \_\_\_\_\_

\_\_\_\_\_

We understand that due to other commitments, parents/guardians cannot be present the whole camp. If you cannot think of another person who will present at the camp who could assist your child, please feel free to contact us at [kozaku@gmail.com](mailto:kozaku@gmail.com) and we can offer suggestions for other adults who will be present at the camp or provide the child with a CYM committee member who will present at camp as a person who can assist the child. Please note the all CYM committee members have 'Working with Children' cards.

I will not be present at camp at particular times and do not have a responsible adult who can assist with my child while I am not present. Please provide the times you will not be at camp so we can suggest other adults or provide a CYM committee member.

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In the event that the camp Administration cannot contact us, authorized persons or legal guardians, we authorize the Administration of medical attention to any of the registered in accordance with the recommendation of a qualified medical practitioner.

Signed: Father: \_\_\_\_\_ Mother: \_\_\_\_\_

Legal guardian/s \_\_\_\_\_

Dated: \_\_\_\_\_

Please return registrations to the following mailing address or to [kozaku@gmail.com](mailto:kozaku@gmail.com) by the 16<sup>th</sup> of December:

**MAILING ADDRESS:**  
Ukrainian Youth Association of WA  
PO BOX 22  
Maylands WA  
6931