

SURF LIFE SAVING WESTERN AUSTRALIA INC.

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CIRCULAR**No 43 , 2008/09****PARTICIPANT APPLICATIONS FOR TOAD CAMP**

Audience: Junior Officers, Directors of Youth, Club Captains
 Date: 6th November 2008
 Distributed by e-mail to: WA Clubs
 Contact: Wendy Moss
 Academy Development Officer SLSWA
 Ph: 9243 9444 (SLSWA Office Hours Monday to Friday, 8.30am to 5pm)

<p>Summary:</p> <ul style="list-style-type: none"> The 2009 TOAD Camp is now open for applications. Clubs are encouraged to nominate up to a maximum of 8 participants from U/13's and U/14's for this camp. Clubs should be aware that a minimum of 2 participants from each club will be accepted. Clubs must rank their applications in order of preference. 	<p>Action:</p> <ul style="list-style-type: none"> Clubs to forward completed application forms to Wendy Moss by 5.00pm Friday 5th December 2008.
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2009 Teamwork Opportunity and Development (TOAD) camp

The TOAD Camp is a development program open to U/13 and U/14 surf life saving members. It is a camp that is designed to expose participants to a wide range of skills and activities to encourage continued development within Surf Lifesaving.

Kingstown Barracks Rottnest Island
Monday 5th January – Thursday 8th January 2009.
Cost: \$250.00
60 positions available.

All applications:

- Are to be submitted and endorsed by a club official on the accompanying form. Successful and unsuccessful applicants will be notified by mail.
- Numbers are restricted so first time applicants only will be accepted.
- All applications close at SLSWA 5pm Friday 5th December 2008. No late applications will be accepted.

Travel Subsidy

Clubs may apply for a travel subsidy at the conclusion of the camp based on the following:

Albany, Champion Bay, Denmark, Dongara Denison and Geraldton	\$200 per car.	Please note: Subsidies will be based on the number of successful applicants per club. Up to 3 participants-max 1 car. Up to 8 participants-max 2 cars.
Binningup, Bunbury, Dalyellup and Bussleton	\$125 per car.	
Mandurah and Port Bouvard	\$60 per car	
Secret Harbour	\$50 per car.	
Esperance and Broome		Maximum of 2 Airfares per club. Booked and organized by SLSWA once the applicants have been finalised.

For further information please contact Wendy Moss, Academy Development Officer on 9243 9444 or email wmos@mybeach.com.au

Paul Andrew
Chief Executive Officer

APPLICATION FORM

2009 Teamwork, Opportunity and Development (TOAD) Camp

Kingstown Barracks, Rottneest Island, January 5– 8, 2009.

PERSONAL DETAILS

PARTICIPANT'S NAME:			
ADDRESS:			
		POSTCODE:	
CONTACT:	PH: _____	EMAIL:	_____
SURF CLUB:			
DOB:	____ / ____ / ____	MALE: <input type="checkbox"/>	FEMALE: <input type="checkbox"/>

CLOTHING

CLOTHING:	XS 12	S 14	<i>Please Circle</i> M 16	L 18	XL 20	XXL 22
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ENDORSEMENTS

PARTICIPANT'S SIGNATURE:		
	SIGNATURE _____	

CLUB OFFICER:	NAME _____		SIGNATURE _____	
	POSITION _____			

APPLICATIONS CANNOT BE ACCEPTED UNLESS ENDORSED BY A CLUB OFFICER.

MEDICAL DETAILS

(All information contained here is considered confidential and will be kept on file during the camp)

FAMILY DOCTOR:		
CONTACT:	PH:	EMAIL:
Are you in a Medical Fund?	YES / NO	Name of Fund:
		Number:
Does your child suffer from any of the problems listed below? If so please provide details:		
Heart problems	YES / NO	
Respiratory problems	YES / NO	
- Asthma	YES / NO	
- Other	YES / NO	
Allergies	YES / NO	
- Food	YES / NO	
- Drugs	YES / NO	
- Ointment	YES / NO	
- Hayfever	YES / NO	
- Other	YES / NO	
Sugar Diabetes	YES / NO	
Recent Operation	YES / NO	
Epilepsy	YES / NO	
Recent Illness/injury	YES / NO	
Bedwetting	YES / NO	
Travel sickness	YES / NO	
Other	YES / NO	
Medicines:	Details of medication required (frequency/dosage) are to be sent to the Camp Manager in writing. Please ensure that all medication is provided for the duration of the camp.	
Date of last Tetanus injection:		

PARENTAL/GUARDIAN CONSENT AND EMERGENCY CONTACT DETAILS

<p>I hereby give permission for my son/daughter to undertake activities at the Camp, including outdoor activities. To the best of my knowledge, he/she is in good health otherwise indicated on his/her application form. I understand that, should an accident or medical emergency arise as a result of a camp activity, every effort will be made to contact his/her next of kin. Notwithstanding this, I give permission for any medical or operative treatment considered necessary by a qualified practitioner attending him/her, including the administration of injections, anesthetic and blood transfusions.</p>	
PARENT or GUARDIAN:	_____
	SIGNATURE DATE
NAME:	_____
ADDRESS:	_____
	POSTCODE: _____
CONTACT:	PH: _____ EMAIL: _____

<p>Do you give Surf Life Saving Western Australia permission to take photos of your child during group activities and events during the course of the camp? These photos may be used for news articles and reports within Surf Life Saving WA.</p>
<p>Yes No please circle</p>

