

**SURF LIFE SAVING WESTERN AUSTRALIA INC.**

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# CIRCULAR

**No 44, 2008/2009**

## PARTICIPANT APPLICATIONS FOR RISE UP CAMP

Audience: Directors of Youth, Club Captains  
 Date: 8 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)

<b>Summary:</b> <ul style="list-style-type: none"> <li>The 2009 RISE UP Camp is now open for applications. Clubs are encouraged to nominate up to 4 participants for this camp. Clubs must rank applications in order of preference. First time applicants only will be accepted.</li> </ul>	<b>Action:</b> <ul style="list-style-type: none"> <li>Clubs are to forward complete application forms to Wendy Moss by 5.00pm Friday 5<sup>th</sup> December 2008.</li> </ul>
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**2009 RISE UP Camp (Youth Development Camp).**

This program is an exciting opportunity for clubs to nominate members aged between 15 and 17 years to participate in a wide range of physical, social and theoretical activities to enhance personal leadership skills and development.

The 2009 RISE UP camp will be held at Mornington Adventure Camp in Harvey. The camp will be conducted from Monday 12<sup>th</sup> to Wednesday 14<sup>th</sup> January 2009. The cost of the camp is \$300.00. There are only 40 places available so clubs will need to be quick.

**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: A maximum of 1 subsidy per club will be offered.
Binningup, Bunbury, Dalyellup and Bussleton	\$125 per car.	
Mandurah and Port Bouvard	\$60 per car	
Secret Harbour	\$50 per car.	
Esperance and Broome	A maximum of 2 Airfares per club. Booked and organized by SLSWA once the applicants have been finalised.	

**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 on Friday 5<sup>th</sup> December 2008. No late applications will be accepted.

For further information please contact Wendy Moss on 9243 9444 or email [wmoos@mybeach.com.au](mailto:wmoos@mybeach.com.au)

**Paul Andrew**  
**Chief Executive Officer**



# RISE UP CAMP 2009

12<sup>th</sup> -14<sup>th</sup> January 2009  
Participants application form

## PERSONAL DETAILS

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

## Clothing

<b>Size</b>	XS    S    M    L    XL    XXL      Please circle
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## ENDORSEMENTS

<b>PARTICIPANT'S SIGNATURE:</b>	
<b>CLUB OFFICER:</b>	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)

<b>FAMILY DOCTOR:</b>		
<b>CONTACT:</b>	PH:	EMAIL:
<b>Are you in a Medical Fund?</b>	YES / NO	Name of Fund:
		Number:
<b>Does your child suffer from any of the problems listed below? If so please provide details:</b>		
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	
Blood Pressure	YES / NO	
Recent Operation	YES / NO	
Epilepsy	YES / NO	
Recent Illness/injury	YES / NO	
Travel sickness	YES / NO	
Other	YES / NO	
<b>Medicines:</b>	Details of medication required (frequency/dosage) are to be sent to the Camp Manager in writing. Please ensure that medication is provided for the duration of the camp.	
<b>Date of last Tetanus injection:</b>		

**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, anaesthetic and blood transfusions.</p>		
<b>PARENT or GUARDIAN: NAME:</b>	<b>signature</b>	<b>Date:</b>
	_____	_____
	<b>ADDRESS:</b>	
	_____	_____
<b>CONTACT:</b>	_____	_____
	PH: _____	EMAIL: _____

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.

Yes                      No                      **please circle.**