

DUKE OF EDINBURGH - Enrolment and Medical Form

Participant Information

First Name:	Surname:	
Date of Birth:	Age:	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male
Address:		
Suburb:	State:	Postcode:
Home Phone:	Work Phone:	
Mobile:		
Email:		

School Information

School Name:
DOE Coordinator/Organiser Name:
Position (Teacher/Parent/Student):
Phone:
Email:


Parent Information – Emergency contact 1

Parent/Guardian Name (please circle):	
Home Phone:	Work Phone:
Mobile:	
Email:	Relationship:

Emergency Contact 2

Name:	
Home Phone:	Work Phone:
Mobile:	
Email:	Relationship:

Equipment Hire

Item	Per item including GST		
	Bronze	Silver	Gold
2 person hiking style tent (3 kg)	<input type="checkbox"/> \$30	<input type="checkbox"/> \$35	<input type="checkbox"/> \$40
Hiking style inflatable sleeping matt (xx kg)	<input type="checkbox"/> \$10	<input type="checkbox"/> \$15	<input type="checkbox"/> \$20
Sleeping bag	<input type="checkbox"/> \$33	<input type="checkbox"/> \$38	<input type="checkbox"/> \$43
Trangia cooking stove per 2-3 students	<input type="checkbox"/> \$20	<input type="checkbox"/> \$25	<input type="checkbox"/> \$30
Hiking Food Ration pack (Breakfast/Dinner Options available) <div style="text-align: center; margin: 10px 0;">  </div>	Breakfast: \$8/Meal <input type="checkbox"/> Yogurt & Muesli <input type="checkbox"/> Porridge Dinner: \$10/Meal <input type="checkbox"/> Beef Teriyaki <input type="checkbox"/> Beef Stroganoff <input type="checkbox"/> Honey Soy Chicken <input type="checkbox"/> Chicken A La King <input type="checkbox"/> Lamb Fettuccine <input type="checkbox"/> Pasta Vegetariano		
Backpack (60/70 litres)	<input type="checkbox"/> \$22	<input type="checkbox"/> \$27	<input type="checkbox"/> \$32

Expedition Information

Activities: Hike Kayak Horse Ride Abseil Mountain Bike

Level: Bronze Silver Gold

Practice Test

Date from:

To:

Note: Please fill in the information below that is relative to the activities that you have chosen for your adventurous journey.

Hiking

Please indicate the total number times you have hiked:

Never 1-10 times 10-20 times 20-50 times 50-100 times 100+times

Number of times in the last 12 months:

Horse Riding

Please indicate the total number times you have ridden:

Never 1-10 times 10-20 times 20-50 times 50-100 times 100+times

Number of times in the last 12 months:

Kayaking

Please indicate the total number times you have paddled:

Never 1-10 times 10-20 times 20-50 times 50-100 times 100+times

Number of times in the last 12 months:

Abseiling

Please indicate the total number times you have abseiled:

Never 1-10 times 10-20 times 20-50 times 50-100 times 100+times

Number of times in the last 12 months:

Mountain Biking

Please indicate the total number times you have mountain biked:

Never 1-10 times 10-20 times 20-50 times 50-100 times 100+times

Number of times in the last 12 months:

Swimming

Strong – 50m+ Average – 25m Poor – 10m Non Swimmer

Medical Information

Childs Name:

Please tick what best suits the participant's fitness level. (1 being unfit to 10 being athletic):

1 2 3 4 5 6 7 8 9 10

Does the participant have any pre existing injuries: Yes No

If yes please give details:

Does the participant suffer from any of the following:

Any allergic condition (if yes please complete attached form)

Epilepsy, fits or black outs (if yes please give details):

Attention deficit Disorder (if yes please give details):

Bed wetting

Diabetes (if yes please give details):

Asthma (if yes please complete attached form)

Skin Condition (if yes please give details):

A disability or Chronic Illness (if yes please give details):

Sleep walking

Behavioural problems (if yes please give details):

A current illness eg. Flu (if yes please give details):

If you ticked any of the above conditions please include a full medical management plan to accompany your form including – medical history, moderate or severity of condition, precautions, triggers, symptoms, dosages etc or complete the attached relevant form.

Has the participant had the combined Diptheria Tetanus booster injection:

Yes No Date:

Has the participant been immunized against measles:

Yes No Date:

Medicare No:

Current Medication

Please list any current medications and dosage requirements:

Name	Time and Dosage – Please specify specific time of medication									
	Breakfast		Lunch		Dinner		Before Bed		Other	
	Time	Dose	Time	Dose	Time	Dose	Time	Dose	Time	Dose
<i>Eg. Bricanyl</i>	<i>8.00am</i>	<i>2 puffs</i>	<i>12.30pm</i>	<i>2 puffs</i>	<i>6.00pm</i>	<i>2 puffs</i>	<i>8.00pm</i>	<i>2 puffs</i>		

Notes: 1. Scheduled medication must be provided in the original container (as requested by legislation)
 2. Staff will supervise and register the taking of all medication

Asthma Management Form

Participant Name: _____

Regular medication: _____

Quantities and daily dosage: _____

Medication and treatment during an emergency attack: _____

Usual signs of asthma: Wheezing Chest Tightness Coughing Difficulty breathing
 Other

Please list any know asthma triggers: _____

Has the participant been admitted to hospital due to asthma in the last 12 months:

Yes No

Has the participant been on oral cortisone for asthma within the past 12 months:

Yes No

Has asthma interfered with participation in normal physical activities with in the last 12 months:

Yes No

Does the participant require use of a nebulising pump as a part of regular or emergency asthma treatment:

Yes No

If you have answered yes to any of the above questions. The Glenworth Valley administration Office will contact you for further information.

Allergic Reaction Management Form

Participant Name: _____

What is the Participant allergic to: _____

What are the signs and symptoms of the reaction: _____

Medication and treatment during an emergency attack: _____

Has the participant previously suffered from any of the following:

- A localised reaction (rash, itching, swelling at the site the allergen has entered)
- A systemic reaction (rash, itching, swelling at the site the allergen has entered)
- An anaphylactic reaction (severe breathing problem, total body swell, emergency situation)

Has the participant been admitted to hospital due to allergies in the last 12 months:

Yes No

Is there are history of anaphylaxis in the persons family:

Yes No

Has allergies interfered with participation in normal physical activities with in the last 12 months:

Yes No

Does the participant take adrenaline (epipen), when suffering an allergic reaction:

Yes No

If you have answered yes to any of the above questions. The Glenworth Valley administration Office will contact you for further information.



Payment Information

Please tick your preferred payment method:		Payment Amount: \$	
<input type="checkbox"/> MasterCard	<input type="checkbox"/> Visa	<input type="checkbox"/> Cheque	<input type="checkbox"/> Money Order
Card Name:			
Card Number:		Expiry Date:	
Card Holder Signature:		Date:	
Cheque/Money Orders: Please make payable to Glenworth Valley Horse Riding Pty Ltd. On the back of the cheque/money order please write the Surname and the camp date.			

Risk Waiver and Privacy Statement

Risk Waiver

- Fees - Duke of Edinburgh fees are payable at time of booking, which should be well in advance to avoid disappointment.
- Cancellations - 50% of the camp fees will be charged if cancellation occurs within 1 week of the camp dates. 100% of the camp fees will be charged if cancellation occurs on the day.
- Photos - I acknowledge that during camp activities photos may be taken of camp participants and those photos may be placed on the Glenworth Valley website or used for promotion of camps, and I give my permission to do so.
- Medical - I agree to my child's attendance at the above mentioned program. In the case of an emergency, I authorise the program staff, where it is impracticable to communicate with me, to arrange for my child to receive such medical or surgical treatment as may be deemed necessary, I also undertake to pay or reimburse costs which may be incurred for medical attention, ambulance transport and drugs while my child is enrolled with the program.
- Injury - I understand that although GVHR Pty Ltd and its service providers attempt to minimize any risk of personal injury within practical boundaries, accidents do happen and all physical activities carry the risk of personal injury, I acknowledge that there is an inherent risk of personal injury in physical activities that will be undertaken as part of this program.
- Swimming - I acknowledge that during camp my child may be taken swimming, and I give my permission to do so.

Privacy Statement

Glenworth Valley Horse Riding Pty Ltd of 69 Cooks Road, Peats Ridge, NSW 2250 will collect and store the information you voluntarily provide to enable processing of enrolment for programs/camps. The information will be provided to instructors/guides of the program and their supervisors, where necessary and you consent to this disclosure. Any information provided by you will be stored on a database what will only be accessed by authorised personnel and is subject to privacy restriction. The information will only be used for the purpose for which it was collected. Any information provided by you to GVHR Pty Ltd can be accessed by you during standard office hours and updated in writing or by contacting us on 02 4375 1222.

Please tick if you do not wish to receive Glenworth Valley information on upcoming camps, newsletters, lessons and other activities that we have to offer.

I also declare that I have read and understand the information within the Duke of Edinburgh Training Workbook, will read the Equipment & Clothing Check List for my daughter/son/ward's safe participation and will ensure she/he attends with all the items listed. I also understand that it is a condition of participation to accurately complete the Enrolment & Medical Information. An Equipment inspection will be done at the beginning of each camp and if adequate equipment is not brought, children will be returned home.

Parent/Guardian Name:	Signature:	Date:
Name of Participant:	Signature:	Date: