



# Спілка Української Молоді в Австралії Ukrainian Youth Association in Australia

Крайова Управа – National Executive

веб-сторінка: [www.CYM.org/AU](http://www.CYM.org/AU)

е-майл: [ky-australia@cym.org](mailto:ky-australia@cym.org)

## Registration & Medical Form - UYA National Camp

26 December 2009 – 2 January 2010

Campsite “Hoverla”, NSW

This information is collected for the purpose of promoting safety to all participants in UYA activities. It will be disclosed as appropriate to those conducting activities. We ask your assistance in updating this information as necessary. This information will be kept securely and may be accessed upon request. In order for us to administer appropriate Duty of Care to each of our members, the UYA needs to ensure that information relating to your medical welfare is maintained during any event.

**By registering for the camp, the participant is required to undertake and fully participate in all activities specified in the camp program, and/or by the camp leaders and trainers.**

### **FAMILY DETAILS**

Family Name			
Address			
Telephone (home)		Telephone (mobile)	
E-mail			

# PARTICIPANT DETAILS

Ім'я та Прізвище / Full Name (English & Ukrainian)	Дата Нар./ DOB	Вік / Age	Підтабір / Program	Дні в таборі / Duration of stay	Оплата / Camp Fee	Форми / Forms attached
1.	/ /		<input type="checkbox"/> Sumenyata <input type="checkbox"/> Molodshe Yuntstvo <input type="checkbox"/> Starshe Yunatstvo <input type="checkbox"/> Druzhynnyky <input type="checkbox"/> Seniory / Parents <input type="checkbox"/> Member of Bulava / Komanda	<input type="checkbox"/> Full Camp (26/12 – 3/1)  or / або <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 26 27 28 29 30 31 1 2 3 Dec Dec Dec Dec Dec Dec Jan Jan Jan	\$	<input type="checkbox"/> Medical Form <input type="checkbox"/> Asthma Mgmt Plan (if req'd)
Level of Ukrainian language / Рівень укр. мови: <input type="checkbox"/> Nil <input type="checkbox"/> Basic <input type="checkbox"/> Moderate <input type="checkbox"/> Fluent						
2.	/ /		<input type="checkbox"/> Sumenyata <input type="checkbox"/> Molodshe Yuntstvo <input type="checkbox"/> Starshe Yunatstvo <input type="checkbox"/> Druzhynnyky <input type="checkbox"/> Seniory / Parents <input type="checkbox"/> Member of Bulava / Komanda	<input type="checkbox"/> Full Camp (26/12 – 3/1)  or / або <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 26 27 28 29 30 31 1 2 3 Dec Dec Dec Dec Dec Dec Jan Jan Jan	\$	<input type="checkbox"/> Medical Form <input type="checkbox"/> Asthma Mgmt Plan (if req'd)
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3.	/ /		<input type="checkbox"/> Sumenyata <input type="checkbox"/> Molodshe Yuntstvo <input type="checkbox"/> Starshe Yunatstvo <input type="checkbox"/> Druzhynnyky <input type="checkbox"/> Seniory / Parents <input type="checkbox"/> Member of Bulava / Komanda	<input type="checkbox"/> Full Camp (26/12 – 3/1)  or / або <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 26 27 28 29 30 31 1 2 3 Dec Dec Dec Dec Dec Dec Jan Jan Jan	\$	<input type="checkbox"/> Medical Form <input type="checkbox"/> Asthma Mgmt Plan (if req'd)
Level of Ukrainian language / Рівень укр. мови: <input type="checkbox"/> Nil <input type="checkbox"/> Basic <input type="checkbox"/> Moderate <input type="checkbox"/> Fluent						

*Registration Form for Camps and Activities in 2009/10*

Ім'я та Прізвище / Full Name (English & Ukrainian)	Дата Нар./ DOB	Вік / Age	Підтабір / Program	Дні в таборі / Duration of stay	Оплата / Camp Fee	Форми / Forms attached
4.	/ /		<input type="checkbox"/> Sumenyata <input type="checkbox"/> Molodshe Yuntstvo <input type="checkbox"/> Starshe Yunatstvo <input type="checkbox"/> Druzhynnyky <input type="checkbox"/> Seniory / Parents <input type="checkbox"/> Member of Bulava / Komanda	<input type="checkbox"/> Full Camp (26/12 – 3/1)  or / або <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 26 27 28 29 30 31 1 2 3 Dec Dec Dec Dec Dec Dec Jan Jan Jan	\$	<input type="checkbox"/> Medical Form <input type="checkbox"/> Asthma Mgmt Plan (if req'd)
<b>Level of Ukrainian language / Рівень укр. мови:</b>						
<input type="checkbox"/> Nil <input type="checkbox"/> Basic <input type="checkbox"/> Moderate <input type="checkbox"/> Fluent						
5.	/ /		<input type="checkbox"/> Sumenyata <input type="checkbox"/> Molodshe Yuntstvo <input type="checkbox"/> Starshe Yunatstvo <input type="checkbox"/> Druzhynnyky <input type="checkbox"/> Seniory / Parents <input type="checkbox"/> Member of Bulava / Komanda	<input type="checkbox"/> Full Camp (26/12 – 3/1)  or / або <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 26 27 28 29 30 31 1 2 3 Dec Dec Dec Dec Dec Dec Jan Jan Jan	\$	<input type="checkbox"/> Medical Form <input type="checkbox"/> Asthma Mgmt Plan (if req'd)
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<b>Level of Ukrainian language / Рівень укр. мови:</b>						
<input type="checkbox"/> Nil <input type="checkbox"/> Basic <input type="checkbox"/> Moderate <input type="checkbox"/> Fluent						
<b>TOTAL PAYMENT AMOUNT</b>				<input type="checkbox"/> Chq Enclosed <input type="checkbox"/> Direct Debit	\$	

## Emergency Contact

Name		Relationship	
Telephone (home)		Telephone (work)	
Telephone (mobile)			
Doctor's Name		Telephone (doctor)	

## Photograph and Media Footage Usage Consent

I give permission for photographs/images and media footage (video footage) of the person named below to be used without acknowledgement, remuneration or compensation in various Ukrainian Youth Association promotional materials including, but not limited to, programs, newsletters, posters, websites, magazines and newspaper articles.

Yes

No

## Vehicular Use

I am willing and able to use my private vehicle for participant transportation during the camp.

Yes

No

N/A

If applicable, please indicate:

Make –

Model –

Number Plate –

*For all participants with vehicles and/or driver's licences, you will be required to be on a roster for designated drivers in the event of an emergency evacuation. This roster will be chosen randomly.*

*Registration Form for Camps and Activities in 2009/10*

## Billeting

I require billeting before and/or after the camp.	Yes		No		N/A	
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*If you require billeting, please complete the questions below:*

Date of Arrival/Time		Flight/ Transport Number	
Date of Departure/Time		Flight/ Transport Number	

## Consent

In case of emergency, I grant the person in charge of the camp/event authority to seek any medical assistance. I declare that the information provided on this form is complete and correct.

*If participant is under 18 years of age, parent or legal guardian is to provide consent.*

Name of participant		Date	
Name of undersigned		Relationship to participant	
Signature			