



Спілка Української Молоді в Австралії Ukrainian Youth Association in Australia

Крайова Управа – National Executive

веб-сторінка: www.CYM.org/AU

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Registration & Medical Form - UYA National Camp

23 December 2006 – 2 January 2007

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.

Personal Details

Name		Date of Birth	
Address			
Telephone (home)		Telephone (mobile)	
E-mail			

UYA Details

Рій		Вік	
UYA Branch & Patron			

Emergency Contact

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

Medical Details and History

Medicare Number (Reference Number)					
		Expiry Date			
Other Health Cover		Number			
<i>Have you ever suffered from any of the following? If yes, please provide details below.</i>					
Asthma	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Allergies	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Heart Condition	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Diabetes	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Epilepsy	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Bleeding Disorder	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Any injury/operation in last 12 months?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Do you currently wear glasses or contact lenses?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Are you currently on any medications?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
<i>Please provide details below of any of the abovementioned conditions to which you answered "yes".</i>					
Date of last tetanus injection					
Swimming Ability					
I can swim 50 metres	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Special Dietary Needs					

Asthma Management Plan

Name		Date of Birth	
Name of Regular Medication			
Quantity and Daily Dosage			
Additional Medication in case of an attack			
<i>The participant is required to bring the above medications to the camp or event.</i>			
<i>Medications are self administered under the supervision of a camp leader or trainer.</i>			
Other Information			

Allergic Reaction Management Plan

Name		Date of Birth	
Allergy			
Signs and Symptoms of reaction			
What medications are taken (if any) for the prevention of allergic reaction?			
What procedures are followed if an allergic reaction occurs?			
At any time in the past, have you:			
Suffered from an anaphylactic reaction (e.g. severe breathing problems, swelling of body, emergency situation)?	Yes	No	
Been admitted to hospital for an allergic reaction?	Yes	No	
Taken adrenalin (Epi-Pen) whilst suffering from an allergic reaction?	Yes	No	
If you answered "yes" to any of the questions above, documentation from the medical practitioner must be provided containing information on the participant's allergy management and emergency routine. Participation in the programme depends on full agreement by the medical practitioner, the Ukrainian Youth Association and parent/guardian.			

Photograph Usage Consent

I give permission for photographs/images 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

Vehicle Use

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

Yes

No

N/A

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.

Billeting

I require billeting before and/or after the camp.

Yes

No

N/A

If you require billeting, please complete the questions below:

Date of Arrival

Date of Departure

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