



OUTBOUND READY HOLIDAY PROGRAMME REGISTRATION

PARTICIPANT DETAILS

FIRST NAME:

SURNAME:

SEX: Male Female

DATE OF BIRTH:

PREFERRED DATE OF PROGRAMME:

1st Choice

2nd Choice

3rd Choice

Level 1

Level 2

MEDICAL

Is this child allergic to/intolerant of anything?

No

Yes (Mild)

Yes (Severe)

If Yes, please specify:

Symptoms & treatment:

Does this child have any medical/physical conditions?

No

Yes

If Yes, please give details:

Please note, for any medical conditions requiring treatment an individual Action Plan must be provided.

Does this child have a diagnosed disability or additional needs?

No

Yes*

* If yes a 'Profile' form (attached) must be completed and returned. Our Education Officer will contact you to discuss the form prior to commencement.

Any other information:

CONTACT

PARENTAL CONTACT

FIRST NAME:

SURNAME:

EMAIL ADDRESS:

MOBILE:

ADDRESS:

SUBURB:

POSTCODE:

EMERGENCY CONTACT:

NAME:

RELATIONSHIP TO PARTICIPANT:

HOME PHONE:

WORK PHONE:

MOBILE:

DOCTORS CONTACT DETAILS

DOCTOR'S NAME:

PHONE:

ADDRESS:

MEDICARE NUMBER:

AMBULANCE SUBSCRIBER NUMBER:



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PERMISSION

Do you give permission for your child/ren to:

- | | | |
|--|-----|----|
| • Be transported to local parks via our Outbound vehicle if required? | Yes | No |
| • Apply sunscreen? | Yes | No |
| • Be photographed and have their image published on Project Outbound website and Facebook/Instagram page?
<i>(Please note that no personal information will accompany the image ie. Name and age)</i> | Yes | No |
| • Be photographed for publicity purposes or newspaper articles? | Yes | No |

DECLARATION

I, (PRINT) _____, being the parent/guardian of the aforementioned child/ren, approve of the enrolment of my child/ren and agree to abide by the conditions of Project Outbound. I authorise you in the event of any accident or illness to obtain medical assistance and agree to meet any expense. I agree that Project Outbound and its staff shall be released from and shall not incur any responsibility or liability for any accident or injury to the participant or for any damage to or loss of property belonging to the applicant. I agree to notify Project Outbound immediately should any of the details provided above change.

Parent/Guardian's Signature:

Date:

MAILING LIST

Do you wish to receive information about future Project Outbound programmes? Yes No

Please provide your email address below if you would like to receive this information via email

Please return this form to:

letsgo@projectoutbound.com.au

or post to: Project Outbound (36 Bennett Avenue, Mount Waverley VIC 3149)

BANK DETAILS FOR PAYMENT:

ACCOUNT NAME: PROJECT OUTBOUND

BSB: 033-385

ACCOUNT No.: 870672

Please enter your **CHILD'S NAME** as reference

Privacy Statement:

Project Outbound is collecting this information for the purpose of registering your child for the Basecamp Outbound Ready Holiday Programme. The information will be used for administration purposes and to contact you in the event of an emergency. The information will be disclosed in an emergency situation, but not to any other party except as required by law. You may access this information by contacting Project Outbound on 0411 603 521..