Email your form to: fun@LSAdventures.com.au
or post to: Life Skills & Adventures
20 Regent Street, Ascot Vale VIC 3032

Life Skills & Adventures
Making Meaningful Experiences

JULY 6TH – 8TH 2022

CAMP REGISTRATION FORM

Camp Dates: Wednesday July 6th – Friday July 8th, 2022
Location: Camp Manyung, 35 Sunnyside Rd, Mount Eliza 3930
Cost: $6,000 (subject to available NDIS funding)
$100 Refundable Registration Fee

This form is intended to provide the Camp Manager with enough information to maximise the camper's participation, enjoyment and safety at camp.
Please answer ALL questions.

CAMP REGISTRATION FORM

JULY 6TH – 8TH 2022

Please attach a photo of your participant. This will allow us to recognise our campers when we welcome them on camp.

PARTICIPANT INFORMATION

PARTICIPANTS FULL NAME:		
DOB:	GENDER:	CURRENT AGE:
ADDRESS:		

PARENT/GUARDIAN CONTACT INFORMATION

NAME:	
ADDRESS:	
RELATIONSHIP WITH CAMPER:	CONTACT NUMBER 1:
EMAIL:	CONTACT NUMBER 2:

NDIS PLAN MANAGER OR SUPPORT COORDINATOR DETAILS

NAME:	
ADDRESS:	
AGENCY:	CONTACT NUMBER 1:
EMAIL:	CONTACT NUMBER 2:

EMERGENCY CONTACT DETAILS (Please specify an alternative to the above contacts)

NAME:	
CONTACT NUMBER 1:	RELATIONSHIP WITH CAMPER:
CONTACT NUMBER 2:	RELATIONSHIP WITH CAMPER:
Is there anyone who is NOT permitted to have access to the camper, or be contacted by us, in the event of an emergency? (If yes, please list that person's name and relationship to the camper)	

CAMP REGISTRATION FORM

JULY 6TH – 8TH 2022

MEDICAL INFORMATION

MEDICARE NUMBER:	EXPIRY DATE:
AMBULANCE SUBSCRIPTION NUMBER:	
PRIVATE HEALTH FUND NAME:	FUND NUMBER:
HEALTH CARE CARD NUMBER:	EXPIRY DATE:
DATE OF LAST TETANUS INJECTION:	

DOES YOUR CAMPER REQUIRE SUPPORT WITH ANY OF THE FOLLOWING:

☐ ASTHMA	☐ SLEEP WALKING	☐ SEIZURES	☐ DIABETES	☐ BED WETTING
☐ ALLERGIES	☐ HEART CONDITION	☐ HAY FEVER	☐ FEARS	☐ HEARING OR VISION IMPAIRMENT

IF YES TO ANY OF THESE, PLEASE PROVIDE SUPPORT DETAILS AND ATTACH ANY RELEVANT DOCUMENTATION

DOES YOUR CAMPER HAVE A DISABILITY? ☐ No ☐ Yes

IF YES, PLEASE DETAIL REQUIRED SUPPORT:

PLEASE DETAIL ANY ASSISTANCE YOUR CAMPER REQUIRES WITH ANY OF THE FOLLOWING:

☐ BEDTIMES ☐ DRESSING ☐ HYGIENE ☐ MEALTIMES ☐ TOILETING ☐ SHOWERING

DIETARY REQUIREMENTS:

IF YOUR CAMPER HAS ANY MOBILITY ISSUES PLEASE OUTLINE THEM AND HOW WE CAN BEST SUPPORT THEM:

WE GREATLY APPRECIATE YOU TAKING THE TIME TO PROVIDE US WITH THE MOST DETAILED AND UP TO DATE INFORMATION ON HOW BEST TO SUPPORT YOUR CAMPER TO HAVE THEIR BEST CAMP EXPERIENCE WITH US.

CAMP REGISTRATION FORM

JULY 6TH – 8TH 2022

MEDICATION

The participant must not have any medications in their possession on camp.
This includes over the counter medication like Panadol and cough lollies.
All medication must be given to, and held by a LIFE SKILLS & ADVENTURES representative, whom will administer medications according to written instructions.

All medication MUST be in a medication blister pack (your chemist can assist you)
PLEASE INCLUDE MEDICATION NAME HERE AND COMPLETE MEDICATION ADMINISTRATION FORM AT THE END OF THIS REGISTRATION PACK, THANK YOU.

I GIVE PERMISSION FOR THE LIFE SKLLS & ADVENTURES STAFF TO ADMINISTER THE ABOVE MEDICATIONS

SIGNED:

PRINT NAME:	DATE:

COVID19 VACCINATION STATUS

What is the camper's COVID-19 vaccination status? (Please Select)

☐ 1 dose - please provide proof of vaccination

☐ 2 doses/fully vaccinated - please provide proof of vaccination

☐ Medical exemption - please provide evidence

☐ Chose not to be vaccinated

☐ If you need assistance accessing the Covid19 Vaccination, please contact us.

MENTAL HEALTH & BEHAVIOURAL ISSUES

Does the camper need any behavioural support? ☐ No ☐ Yes

If yes, please provide details and provide a copy of a current Behaviour Management Plan:

Does the camper have any learning difficulties? e.g. issues understanding and following directions
☐ No ☐ Yes

If yes, please provide details:

Does the camper have any mental health concerns? ■ No ☐ Yes

If yes, please provide details:

Are there any situations that could trigger an episode or situations that should be avoided?

SPECIAL CONSIDERATIONS

Is there any other information about the participant's bed-time routine that would be helpful to know?

What time does the participant usually shower?

Will it impact the participant if either the bed/shower routine is altered?

CAMP REGISTRATION FORM

JULY 6TH – 8TH 2022

GENERAL PARTICIPANT INFORMATION & PREFERENCES

Is there anyone the participant would like (or not like) to share a room with?

Name:

Please note that we will do our best to help make this happen, but we are not able to guarantee it due to a variety of organisational considerations.

Tell us a bit about the participant - are they funny, confident, shy for example?

What activities do they enjoy when at home?

What activities do they enjoy when out in the community?

Do they have any ideas for activities? Is there anything we have done in the past they would really love to happen again?

How are they feeling about attending the LSA camp?

Are there any recent or ongoing situations at home that may have some impact on the participant during their time at camp?

CAMP REGISTRATION FORM

JULY 6TH – 8TH 2022

PARTICIPANT INFORMATION (Please attach more information if necessary)	
Please tell us about your participant and what they're hoping to experience on the camp with us.	
☐ Connect with others / meet new friends	☐ Take more control of daily making decisions
☐ Try activities they can participate in themselves	☐ Challenge themselves by trying new things
☐ Give family/Carers a break	☐ Stay away from home for the first time
☐ Other, Please Specify:	
Please share any specific learning and development opportunities your camper is looking to gain out of their camp week.	
Does your participant have any behavioural conditions we should we aware of? If so, please take the time to explain how we can support them.	
Please share any relevant information in regards to your participant's history, including any key events or experiences, which may impact camp.	
Are there any recent or ongoing situations which may have some impact on the participant during the week of camp? If so, please detail.	
Main language spoken at home?	

Please circle the camper's shirt size

☐ 6 ☐ 8 ☐ 10 ☐ 12 ☐ 14 ☐ 16

☐ XS ☐ S ☐ M ☐ L ☐ XL ☐ 2XL

CAMP REGISTRATION FORM

JULY 6TH – 8TH 2022

HELPFUL INFORMATION	
What are your participant's likes/dislikes, interests, hobbies and passions?	
Is there any other information about the participant that we need to know to ensure they have a happy, comfortable and successful camp?	

CONTINGENCY PLANS	
Life Skills & Adventures expects a certain level of positive behaviour and mutual respect during the time that our campers are away with us. Any behaviour that we deem to be unsafe on camp and directly impacts on the quality of the program for other participants or camp leaders will be addressed. In the event that it is necessary for a camper to leave before the scheduled end of the program, the following person takes full responsibility in ensuring that the participant is removed from the program in a timely manner. Should the participant require transportation by Life Skills & Adventures Personnel, we will make arrangements with the person who signs below. Please note, this person must be available via phone and for any necessary early pick up from camp at all times, whilst the program is in operation.	
NAME:	
CONTACT NUMBER 1:	
CONTACT NUMBER 2:	
I have read and understand the above contingency plan and will ensure that I am available to take phone calls during the times of the Life Skills & Adventures Program. I also take full responsibility for the collection of the participant should they need to leave before the scheduled end of the program.	
SIGNED:	
PRINT NAME:	DATE:

CAMP REGISTRATION FORM

JULY 6TH – 8TH 2022

DECLARATIONS

Parent/Guardian Declaration: (person must be over the age of 18) Where it is impractical to communicate with me, I, the undersigned, authorise the Life Skills & Adventures leader in charge of these activities to consent to (me/my child) receiving such medical or surgical treatment or use of an ambulance as may be necessary. I also agree to bear any costs thereby incurred. Furthermore, I give consent to the camper participating in all of the activities involved on the program. I approve of the above application and in doing so agree that the Life Skills & Adventures and its officers, leaders, staff and volunteers shall be released from and shall not incur any responsibility or liability whatsoever for any accident or injury to the applicant or any damage or loss of property of the applicant.

SIGNED:	
PRINT NAME:	DATE:

I give permission for Life Skills & Adventures staff members to assist in applying sunscreen to my camper to aid in the prevention of sunburn.

SIGNED:	
PRINT NAME:	DATE:

PHOTO DECLARATION

We will be taking activity photos and videos on camp all week. Please select the box that is suitable to your camper and also sign below.

Do you give permission for the participant to be included in a take home pack of camp memories?
☐ No ☐ Yes

Do you give permission for images of the participant to be used for LS&A camp promotion?
☐ No ☐ Yes

SIGNED:	
PRINT NAME:	DATE:

PRIVACY

The Life Skills & Adventures acknowledges and respects privacy of individuals. The information that is being collected on this document is for the purposes of processing your registration in a LIFE SKILLS & ADVENTURES Camping service, providing you with updated information and assisting us to improve our services to you. The personal information collected is of the parents/guardians/case workers and the camper registered in the program. By completing this form, the LIFE SKILLS & ADVENTURES accepts that the parents/guardians of the child have consented for this information to be collected. The intended recipients of this information are the LIFE SKILLS & ADVENTURES, its authorised staff and relevant government authorities. You have the right to access and alter personal information concerning yourself or your camper in accordance with the Common-wealth Privacy Act (amended 2001) and LIFE SKILLS & ADVENTURES privacy policy. As a part of your registration with the LIFE SKILLS & ADVENTURES, you will receive information from time to time regarding our programs and services. If you do not wish to receive this information please tick the 'OPT OUT' box below and return this to the LIFE SKILLS & ADVENTURES. Your name will be removed from the mailing list within a reasonable period of time.

☐ OPT OUT

CAMP REGISTRATION FORM

JULY 6TH – 8TH 2022

Camp Pricing Guide

(Can be billed to NDIS for eligible participants)

- Cost of 3 day, 2 night camp: $6,000 + GST
- Up to three participants in the Siblings Program: $4,500pp +GST
- Up to two participants in the Parents/Guardian Program: $4,500pp + GST

What's included in your camp:

- ✓ All activities & excursions
- ✓ All entrance fees
- ✓ Four nights Accommodation in a shared cabin/lodge including bed linen, doonas, pillows and a towel
- ✓ All inclusive meals and catering
- ✓ Transport to and from camp
- ✓ High Level Carer Ratios giving each camper specialised attention

NDIS FUNDING	
Funding for camp can be obtained from the camper's NDIS plan under the relevant CORE supports.	
Do you need a quote? ■ Yes, please send me a camp quote ■ No, I already have a quote thanks	
NDIS Plan Number:	NDIS Plan Date:
Is your plan? ☐ NDIS Managed ☐ Plan Managed ☐ Self-Managed	
Please contact fun@LSAdventures.com.au or 0425 457 870 if you need assistance with a quote or are not sure if you have the right funding in your plan	

Enrolment Fee		
(Cannot be billed to NDIS, but is refunded at the end of camp attendance) ❖ Registration Fee to Secure Your Attendance Spot (Refundable after camp): $99pp		
ENROLLMENT FEE PAYMENT 99$ - (refunded at the end of camp attendance) *Life Skills & Adventures is not a registered NDIS provider, however, Plan Managed or Self-Managed participants may still be eligible to attend using their NDIS funding. Please contact us to discuss. Please select the applicable payment option. Please note that bookings are not confirmed unless payment section has been completed. Invoices will be issued and must be paid in full prior to camp.		
☐ Credit Card		
CARD NUMBER:	NAME ON CARD:	
CARD TYPE: MASTERCARD / VISA	CCV:	EXPIRY DATE:

Transport

Please select from the following transport options.
CAMP REGISTRATION FORM
Person picking up/dropping off young person at the campsite/bus stop:

(Please note, this person is required to bring identification)

Name of participant:

Please select transport to Camp Manyung on Wednesday the 6th of July:

☐ Catching the Bus from Errington Reserve Playground, 309A Main Road East, St Albans, Vic
Time: 9.30am

☐ Private drop off at the campsite – Camp Manyung, 35 Sunnyside Rd, Mount Eliza, Vic
Time: 11.30am

Transport from Camp on Friday the 8th of July:

☐ Private pick up from the campsite – Camp Manyung, 35 Sunnyside Rd, Mount Eliza, Vic
Time: 1.30pm

☐ Catching the Bus to Errington Reserve Playground, 309A Main Road East, St Albans, Vic
Time: 4pm

* If the nominated person is unable to collect your child or the location details change, please let Anna or David know on 0425 457 870. Camp leaders will not be authorised to sign campers out to anyone other than
the designated person, so please ensure that these details are current.

CAMP REGISTRATION FORM

JULY 6TH – 8TH 2022

WE WANT ALL PARTICIPANTS TO HAVE A HAPPY, SAFE AND INCLUSIVE EXPERIENCE WITH US. PLEASE READTHIS BEHAVIOUR EXPECTATION PLAN WITH YOUR YOUNG PERSON AND SIGN BELOW, THEREBY AGREEING TO THE CONSEQUENCE OF BEHAVIOURS.

			CONSEQUENCE OF BEHAVIOUR			
			Behaviour doesnot impact, e.g. -Not listening -Not wanting to engage -Choosing lowparticipation - Occasional Swearing	Minor impact, e.g. -Frequent swearing -Very minor damage -Minor risk-taking behaviour -Minor inappropriate behaviour	Moderate impact, e.g.Assault/Verbal threat Injury causing medical treatment Bullying Stealing Smoking Drug/alcohol possession Cigarette possession after contraband time Moderate risk taking behavior Absconding	Major impact, e.g. Physical assaults Life threatening or serious injury resulting in hospitalisation Sexual harassment High-level bullying Extreme damage to campsite & equipment Alcohol and/or drug use or possession after contraband Major risk-taking behaviour
			LOW IMPACT	MINOR	MODERATE	MAJOR
	IMPACT PROBABILITY		1	2	3	4
LIKELIHOOD	Consistently / Frequently	A	-Discuss camp expectations -Encourage friendship building with other campers -Explore a reward system for good behaviour that works for them.	- Discuss camp expectations and consequences -consultation with camper (and carer) about needs and strategies - Camper to complete a Behaviour Consequence Reflection Form	- Camper to complete a Behaviour Consequence Reflection Form - Exclusion from one or more camp group activities - Allocate errands for camper to complete (thus enabling positive contribution to camp) - Parent/guardian will be notified. - Camper will be encouraged to remain at camp, however have the option to leave.	The young person is not coping or the program is not suitablefor them. They will have to leave the camp and will not be able to attend the program again
	Occasionally	B	-Take mental note -Discuss in staff team meeting -Explore different strategies with support from Camp Coordinator if needed -Support camper to adjust to new environment	- Discuss camp expectations and consequences -consultation with camper (and carer) about needs and strategies	- Camper to complete a Behaviour Consequence Reflection Form - Exclusion from one or more camp group activities - Allocate errands for camper to complete (thus enabling positive contribution to camp) - Parent/guardian will be notified. - Camper will be encouraged to remain at camp, however have the option to leave.	The young person is not coping or the program is not suitable for them. They will have to leave the camp and will not be able to attend the program again
	Isolated Incident (once off)	C	- Take mental note -Discuss in staff team meeting -Explore different strategies with support from Camp Coordinator if needed -Support camper toadjust to new environment	-Discuss camp expectations and consequences - Encourage friendship building with other campers -Explore a reward system for good behavior that works forthem	- Discuss camp expectations and consequences -consultation with camper (and carer) about needs and strategies - Camper to complete a Behaviour Consequence Reflection Form - Exclusion from one or more camp group activities	As the young person is not coping with camp, they will have to leave and take a break from program. Meeting and thorough consultation with worker prior to young person attendingagain.

LIFE SKILLS & ADVENTURES
CONFIDENTIAL MEDICATION AUTHORITY FORM
PRESCRIBED AND NON PRESCRIBED MEDICATION

CLIENT:	DOB:
LOCAL DOCTOR:	PH:
SIGNATURE:	DATE:
☐ I self-administer	☐ I require support with administration

IMPORTANT INFORMATION

☐ If any type of medication is to be administered to the camper all sections of this form must be completed by the parent/guardian.
☐ Staff will not administer medication unless this form has been completed in its entirety and a staff member at Life Skills and Adventures has completed a physical crosscheck.

Medical Allergies:

Medication (print clearly)	Reason For Medication:	Is this usedfor chemical restraint?	Dosage/route	Form (liquid/tablet)	FREQUENCY i.e. 7am & 4pm, 4 hourly	Effective Date	Maximum number of doses in 24 hours	Parent Signature	Staff Crosscheck medication and name
Eg. Berilium	Epilepsy	No	Oral 100mg 3x daily	tablet	8am, 12pm, 5pm	For 7 days from 23.05.22	4 doses per day	Parent's Signature	☐ David G
									☐
									☐
									☐
									☐
									☐
									☐