



GRIP National Leadership Camp July 3rd – 6th 2017

Student Registration Form

Details of Student

Gender: ☐ Male ☐ Female

Full Name: _____

Preferred Name: _____ Birthday (dd/mm/yyyy): _____

Address: _____

City/Suburb: _____ State: _____ Postcode: _____

Mobile: _____

Email: _____

School

School Name: _____

Year in school in 2017: _____ Leadership position in 2017 (if applicable): _____

Friend(s) of same gender I would like to room with (if applicable):

1. _____
2. _____
3. _____

Medical Information

Medicare Number: _____

Private Health Fund: _____ Health Fund Number: _____

Family doctor phone number: _____

Special medical needs: _____

Paracetamol Consent: I hereby give permission for the First Aid Staff to administer paracetamol to my child if deemed necessary by the staff: ☐ Yes ☐ No

Please Note: It is the responsibility of the participants to ensure that they have adequate insurance to cover the cost of any medical, dental, ambulance or other related expenses that may arise during the conference. If you are not an Australian resident and/or are not registered with Medicare, you will need to obtain suitable insurance, as medical treatment in Australia is not free. Travel agents can provide suitable travel insurance policies.

(Student section continued on next page)



GRIP LEADERSHIP

Dietary / Allergy Information

Any allergies? ☐ Yes ☐ No

If yes, please explain: _____

Dietary requirements (tick one):

- ☐ Coeliac (Gluten Free)
- ☐ Coeliac / Lactose intolerant
- ☐ Lactose intolerant
- ☐ Vegan
- ☐ Vegetarian
- ☐ Other: _____

Allergies (tick all that apply):

- ☐ Nuts
- ☐ Eggs
- ☐ Shellfish / Seafood
- ☐ SEVERE ANAPHYLACTIC REACTION
- ☐ Other: _____

Student Acknowledgement

I, _____ (*please print name here*) have read and agree to comply with the 2017 GRIP National Leadership Camp Code of Conduct.

Student Signature

Date (mm/dd/yyyy)



GRIP LEADERSHIP

Details of Parent / Guardian

Name: _____

Daytime Phone: _____

Mobile: _____

Email: _____

Emergency Contact

(Please provide name and contact details for person other than parent/guardian. Parents/guardians will be contacted in the first instance)

Name: _____

Contact Number: _____

Permission and Consent

I give permission and consent for GRIP Leadership Pty Ltd (GRIP), their agents or servants to:-

- i. Obtain medical treatment
- ii. To my/our child receiving such medical or surgery that may be deemed necessary by a qualified medical practitioner

Acknowledgement

While GRIP endeavours to make activities both challenging and safe, participation is by choice. I/we accept that there may be risks associated with the activities. I/we acknowledge:-

- a. The program encourages participation in a variety of leadership activities, including adventure challenges, outdoor games, indoor activities and workshops
- b. There is a pool at Queensland Conference and Camp Centre and that students will only be permitted to use the pool under supervision at planned times.
- c. GRIP may take photographs and/or video footage that may be use for promotion or publicity.
- d. I have read the Code of Conduct and understand that this is a program held during school holidays for students who have been elected as leaders in their schools and who will be developing leadership skills during the conference.
- e. The students will be treated as young adults with a degree of choice and freedom, and will be expected to behave responsibly.

I understand this, and give my permission for the supervisory staff at the conference, while exercising due care, to allow the students this extra freedom. By submitting this registration form I am agreeing to the above.

Parent / Guardian Signature

Date (dd/mm/yyyy)



GRIP LEADERSHIP

Teacher / School Contact

School Name: _____

Full Name: _____

Position: _____

Email: _____

Contact Number: _____

I hereby nominate _____ *(please print name of student here)* as a delegate to the 2017 GRIP National Leadership Camp.

Teacher/Staff Member Signature

Date (dd/mm/yyyy)



GRIP LEADERSHIP

Travel Information (if pick-up/drop-off from Brisbane Airport is required)

Arrival Flight

Date of Arrival (dd/mm/yyyy): _____

Time of Arrival: _____ am / pm

Airline: _____

Flight Number (i.e. JQ495): _____

Departure Flight

Date of Departure (dd/mm/yyyy): _____

Time of Departure: _____ am / pm

Airline: _____

Flight Number (i.e. VA450): _____

Additional Information

Please provide any additional information below that may assist us to provide the best possible experience for the attendee.
