

60-ЛІТТЯ УКРАЇНСЬКОЇ МОЛОДІ



КРАЙОВИЙ ТАБІР 2007-2008



Анкета Зголошення / Camp Registration

Крайовий Табір Молоді – Оселя Сокіл
26/12/2007 – 03/01/2008

FAMILY DETAILS

Родина / Family: _____

Адреса / Address: _____

Тел / Tel: _____ e-mail: _____

Parents / Guardians

Ім'я та Прізвище

Тел / Tel:

1. _____

2. _____

EMERGENCY CONTACT IF PARENTS / GUARDIANS NOT AVAILABLE

Ім'я та Прізвище

Тел / Tel:

RELATIONSHIP TO FAMILY _____

ORGANISATIONAL AFFILIATION:

Family belongs to:

CYM

PLAST

Neither

Adelaide

Brisbane

Canberra / Queanbeyan

Geelong

Melbourne

Newcastle

Perth

Sydney

Other (please specify) _____

Please return signed & completed forms to:

National Ukrainian Youth Camp, c/- DNISTER Ukrainian Credit Co-op., P.O Box 279 Essendon VIC 3040

Payment made by cheque or direct debit to:

Plast / CYM Camp Institution: Dnister Credit Co-op. BSB: 704-235 Account #: 29730

Further details: www.ozeukes.com/tabirmolodi



PARTICIPANT DETAILS

Зголошуємо нижчеподаних до табору: / We wish to register the following :

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 / Ptasheniata (3-5) <input type="checkbox"/> Molodshe Yun / Novatstvo (6-12) <input type="checkbox"/> Starshe Yun / Yunatstvo (12-17) <input type="checkbox"/> Druzhynnyky / Starshi Plastuny (18+) <input type="checkbox"/> Seniory / Tativka / 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)
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 / Ptasheniata (3-5) <input type="checkbox"/> Molodshe Yun / Novatstvo (6-12) <input type="checkbox"/> Starshe Yun / Yunatstvo (12-17) <input type="checkbox"/> Druzhynnyky / Starshi Plastuny (18+) <input type="checkbox"/> Seniory / Tativka / 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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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
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Level of Ukrainian language / Рівень укр. мови:						
<input type="checkbox"/> Nil <input type="checkbox"/> Basic <input type="checkbox"/> Moderate <input type="checkbox"/> Fluent						
TOTAL PAYMENT AMOUNT				<input type="checkbox"/> Chq Enclosed <input type="checkbox"/> Direct Debit	\$	

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WORKING WITH CHILDREN CHECK *(over 18 yrs only)*

In 2006, the Victorian Government introduced a new checking system to help protect children under 18 years of age from physical or sexual harm.

The Working with Children (WWC) Check creates a mandatory minimum checking standard across Victoria. The WWC Check helps to keep children safe by preventing those who pose a risk to the safety of children from working with them, in either paid or volunteer work.

It is mandatory for all camp leaders, and those that will be working with, or supervising, children during camp to undertake a WWC Check, and provide details to the Camp Administration prior to camp.

Details are available from: www.justice.vic.gov.au/workingwithchildren.

Application forms are available from all Post Offices. The check is free of charge for all volunteers.

As this year's camp is in Victoria, the Act only applies to Victorian residents.

The Organising Committee strongly requests that all those over 18 years of age apply for the WWC Check (Victorian residents), or the relevant check that applies in their state of residence (interstate residents).

Please provide the following details:

	Valid WWC Check	
Name _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	WWC Number _____
Name _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	WWC Number _____
Name _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	WWC Number _____
Name _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	WWC Number _____

BILLETING

I/We will require billeting before and/or after camp Yes Before Camp Not required
 After Camp

If yes, please provide the following details:

Names of those requiring

Date of Arrival: / / Arriving by: Plane/Train/Bus/Car Arriving at: _____

Date of Departure: / / Depart by: Plane/Train/Bus/Car Depart from: _____

TRANSPORT to/from CAMP

I will require transportation to/from camp Yes Before Camp Not required
 After Camp

If yes, please provide the following details:

Date of Arrival: / / Arriving by: Plane/Train/Bus Arriving at: _____

Date of Departure: / / Depart by: Plane/Train/Bus Depart from: _____

It is recommended that that people aim/plan to arrive at Tullamarine Airport, Avalon Airport or Southern Cross Station on the morning of 26 December 2007, and depart in the late afternoon of 3 January 2008 if transportation is required. All detail must be received at least 2 weeks prior to commencement of camp.

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PARENTAL CONSENT

- ◆ Please read all of the conditions below prior to signing at the bottom of this form.
- ◆ Your signature will be considered an acceptance of all the terms and conditions.

Data Collection:

This information is collected for the purpose of planning and organising activities for all participants in camp 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

I understand that it is my responsibility to notify the organisers of any changes to these details.

Authorisation for Medical Attention:

In the event that the Camp Administration cannot contact us, authorised persons or legal guardians, we authorise the Administration of medical attention to any of the registered in accordance with the recommendation of a qualified medical practitioner.

Acceptable Behaviour:

I acknowledge that acceptable standards of behaviour will be expected of all camp participants and attendees. I acknowledge that my children will not be permitted to use mobile phones during camp, and will keep them switched off.

I understand that in the event of serious misconduct or misbehaviour by my children during the camp, or during any camp activities, they may be returned home. I further understand that in such circumstances I will be informed and any costs associated with their return will be my responsibility, and no claim will be made for any compensation or damages.

Authorisation for Excursions:

I am aware that the camp program will include trips, hikes, overnight stays and sporting activities, both on-site and off-site, and will involve physical activity which inherently carry risk of injury. Understanding this I give permission for my children to participate in all the camp activities.

Where I am unable to be contacted or it is otherwise impracticable for me to be contacted, I authorise the leaders in charge of any excursion or activity to consent to the participants (as identified in the Camp Participant Details section):

- to receive such medical or surgical assistance as is recommended by a medical practitioner in the event of any illness or accident;
- to such first aid as the leaders in charge of the excursion or activity may consider to be reasonably necessary in the event of any illness or accident.
- I accept all risks involved in the administration of medical, surgical or first aid treatment considered necessary and the responsibility for payment of all expenses incurred in relation to such treatment and any emergency transportation required.
- I also accept that my child may be returned early from the camp or activity in the event of serious misbehaviour and that any cost associated with this will be met by me.
- I give consent for my child to travel by private car or bus for the purpose of attending camp activities outside the camp grounds.

Use of Image Permission:

I give permission for photographs/ images/ of the person/persons named below, to be used without acknowledgement, remuneration or compensation in various promotional materials, authorised by the Australian Federation of Ukrainian Organisations (AFUO), or its member organisations, including, but not limited to programs, newsletters, posters, web sites, magazine and newspaper articles

Camp Payments:

I agree to pay all fees and charges for this camp before the camp commences, or as otherwise agreed to in writing by the Camp Organising committee.

Signed: Підпису:

Батько / легальний опікун
Parent / Legal Guardian:

Дата
Date

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CAMP Location

Camp this year will be held at "Sokil" Plast Victoria's Camp ground, near Geelong. "Sokil" is nestled in the Great Otway National Park, between Aireys Inlet on the coast and Winchelsea inland.

Sokil
Breakfast Creek Road, Wensleydale

Or simply type in **SOKIL** into <http://maps.google.com.au> for detailed directions

CAMP FEES

Registrations & full payment received by no later than **Sunday December 9, 2007** are eligible for the Early Bird Fee.

Registration Forms send to:

National Ukrainian Youth Camp
c/- DNISTER Ukrainian Credit Co-op.
P.O Box 279
Essendon Vic 3040

Or e-mail (scanned copy of signed forms) to:
tabirmolodi@gmail.com

Payments:

Cheque – Payable to **Plast/CYM Camp** and sent together with Registration Forms

Direct Deposit or Bank transfer:

Account: Plast / CYM Camp
Institution: Dnister Credit Co-op
BSB 704-235
Account: 29730
Reference: "your name" Tabir Payment

Also please send copy of confirmation to Camp Admin at tabirmolodi@gmail.com

Fees:

	Std Fee	Early Bird	Daily Rate
Sumenyata/Ptashenyata (2-6 yrs)	\$110	\$100	\$20
Molodshe Yunatstvo / Novatstvo (6-12 yrs)	\$230	\$210	\$40
Starshe Yunatstvo / Yunatstvo (12-17 yrs)	\$275	\$250	\$50
Druzhynnyky / Starshe Plastunstvo (18+ yrs)	\$320	\$295	\$60
Seniory/ Parents/Tativka	\$275	\$250	\$50
Family (includes parents & children under 18 only)	\$850	\$800	\$150

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