



2011 Volleyball Camp Permission, Medical & Payment

Thursday 27 January – Friday 28 January 2011

NAME : _____

FORM: _____

Please complete the details enclosed.
Please hand in this booklet and the
payment by
Friday 3 December 2010



IONA VOLLEYBALL CAMP 2011

INFORMATION AND PERMISSION SLIP

The Volleyball camp will give the girls the opportunity to participate and train over an intensive time frame with their peers and specialist coaches as well as compete in a competitive environment.

It is hoped that all girls will be able to attend all or at least some of the sessions.

With this in mind, I would ask you to please **complete the permission slip and medical information** which also includes a parent/guardian permission section, and then return it to Mrs Sue Wiener before **Friday 3 December 2010** with the Medical Consent Form and your payment of \$35.00. Please keep the coloured loose page for your own information.

Lastly, we are always so very grateful to the parents who willingly give up their time to support their daughter and assist with the college activities. For the camp to run effectively and efficiently, we would love some assistance from parents eg., preparing meals, serving meals, donations of food, etc, staying overnight and even training with the squad.

If you can help in any way, please indicate below and many thanks for your assistance.

I know the girls are really looking forward to the camp, as we are.

Sue Wiener

Director of Sport

swiener@iona.wa.edu.au

Mobile: 0407 987 111



Iona Presentation College – Volleyball Camp 2011

VOLLEYBALL CAMP PERMISSION SLIP

I give my permission for my daughter _____

Year _____ (in 2011) to attend the Iona Volleyball Camp from on 27 & 28 January 2011

I enclose \$35 to cover the cost of the camp. **YES / NO** (Please Circle)

I am able to assist with: (Please tick)

- ☐ Donation of Fruit ☐ Donation of Juice ☐ Donation of Slice ☐ Donation of cake
☐ Donation of savoury ☐ Assist in preparing Meals ☐ Can stay overnight

My contact details are _____ Ph/Mob _____
Name

Parent Signature _____ Date _____



Iona Presentation College

MEDICAL INFORMATION FORM (To be completed by Parent/Guardian)

Name of Student:			
Name of Parent(s)/Guardian(s):			
Home Address:			
Telephone	Home:	Work:	Mobile:
Email:		Facsimile:	
Emergency Contact <i>Please note: This contact should be available at the time of the camp.. If you plan to go on holidays elsewhere, please provide alternative contacts.</i>		Name:	
		Address:	
		Relationship to student:	
		Telephone numbers:	

Medicare Details

Medicare Number		Expiry date	Private fund: Y / N
Name of Fund		Membership Number	

Please tick (✓) if your daughter suffers from any of the following:

		Please detail and outline treatment especially in the instance of an emergency. Alternatively, attach a doctor's letter to this document.
Anaphylactic shock	<input type="checkbox"/>	
Asthma	<input type="checkbox"/>	
Bedwetting	<input type="checkbox"/>	
Blackouts	<input type="checkbox"/>	

Diabetes		
Dizzy Spells		
Epilepsy		
Heart/Lung condition		
Migraine		
Sleep walking		
Travel sickness		
Other		

Please tick (✓) if your daughter suffers from any of the following allergies:

		Please detail and outline treatment.
Penicillin		
Particular foods		
Bee stings		
Animals		
Other		

Special Dietary Requirements: _____

Please tick (✓) if your daughter takes medication for any of the following:

Depression		
Period Pain		
Iron Deficiency		
Other		

Please specify the date of the last injection for:

Tetanus immunization: _____

Please specify any further information that may affect your daughter's participation on the camp.

I, _____ (please print full name)

Declare that the above information includes all details that may affect my daughter's participation, and that the above information is true to the best of my knowledge and belief.

Signed _____ Date _____

I, parent/guardian of _____ hereby give the necessary consent for my daughter to participate in all planned activities and agree to delegate authority to Mrs Wiener to take whatever disciplinary action deemed necessary to ensure the safety and well-being of all individuals in the group and the successful conduct of the group.

Further, I authorize Mrs Wiener to obtain medical assistance for my daughter should the need arise and agree to pay all medical expenses incurred in this regard. I submit the accompanying medical information about my daughter and agree to authorize qualified medical practitioners to administer anesthetic should the need arise.

Name: _____

Signed: _____ Date: _____

Information to be retained by teacher(s) accompanying the camp group

WHAT TO BRING

The location of the Volleyball Camp will be in the Iona Sports Centre.

IN THE CASE OF AN EMERGENCY, please contact

Mrs Sue Wiener on 0407 987 111

The following items should be brought to Volleyball Camp:

Mattress (sleeping on the Sports Centre floor)

Sleeping bag or sheets and doona

Pillowcase

Pillow

Towel x 2

Personal toiletries and items (sunscreen)

Full sports uniform

Sports hat / sun hat

Sports shoes

Casual clothing

No Mobile Phones or iPods

Cameras are optional but are your responsibility

Bathers

Swim cap

Underwear

Water bottle



Volleyball Camp - Proposed Program

Term 1 2011 CAMP

Thursday 27 January 2011

11.00am	Welcome / Registration / Lunch
1:00pm	Skills session
3:00pm	Afternoon Tea
3:30 pm	Umpires' briefing & Competition Games
5:00pm	Showers
6:00pm	Dinner / clean up
7:00pm	Guest speaker
8:00pm	Quiz night / Games / Movie in the Gym
10:30pm	Lights out

Friday 28 January 2011

7:00	Rise & shine!
7:30am	Beach volleyball & games @ Cottessloe
9:00	Breakfast / clean up
10:00	Skills & Competition games
12:30	Lunch / clean up / debrief
1:00pm	Depart for Home

Please note, all camp participants must return their booklet containing parent/guardian permission, medical information and \$35 payment.