

## **ADVENTURE GUIDES** (For girls aged 11-17 in the Southern Region)



# **Adventure Water Park Geelong Sleepover**

- ❖ Come and hang out with Adventure Guides for the last time in 2014! Join us on a mini bus journey to the biggest and best water theme park in Victoria! At Adventure Park you will enjoy unlimited rides with your Adventure Guide friends. Water rides (lazyriver, splashzone, waterslides, and rapids to name a few!) and dry activities ( jumping pillow, mini golf and train rides). Visit <http://www.adventurepark.com.au/> for more information about activities.
- ❖ Girls need to have a current Girl Guide Victoria registration number, for insurance reasons. This activity is for Girl Guides from the Southern Region aged 11-17 only.
- ❖ **There are only 20 spots available for this event due to seating on the 2 mini busses, be quick – the first 20 girls to send back their permission forms and money will be put onto the attendance list. No late entries.**
- ❖ **Leaders attending: Helina Walker (Coolibah), Beck Birch (Possum), Cat Anderson (Mrs Cheese), Elizabeth Anning (Sunshine), Marise Liebelt(Kiwi) and Helen Manning.**
- ❖ **DATE: Sat 13<sup>th</sup> 9am – Sun 14<sup>th</sup> December 3pm**
- ❖ **COST: \$80** (Includes Mini bus transport, Adventure Park admission, accommodation, meals, activities, games, Adventure Guide wristband and admin costs).
- ❖ **MEET:** There will be 2 mini bus pick up points along the way (depending where most girls are geographically situated). We will start pick up at 9am. Bus pick up and drop off points will be allocated and emailed to you on Mon 8<sup>th</sup> December.

**If you would like to attend this event please SEND BACK THE ATTACHED PERMISSION FORM (email, scan or snail mail) AND MONEY (online, cash or cheque) to HELINA (Leader In Charge) NO later than Sunday 7th December 2014. No late entries will be accepted.**

**Leader In Charge of Adventure Guides - Helina Walker (Coolibah)**

**9 Greenshank Court, Carrum Downs, 3201 [helinarw@gmail.com](mailto:helinarw@gmail.com)**

**9773 6790**

**0411495937**

### **PAYMENT METHODS:**

**\*Cash is accepted before Sunday 7<sup>th</sup> December 2014**

**\*Cheque payable to: Adventure Guides**

**\*Direct Debit: Please make reference to girls name & Sleepover: BSB: 083668 Account Number: 893753244**

**Due to group bookings, Adventure Guides has a Refund Policy and Cancellation Fees.**

If the event is cancelled by Adventure Guides ...full refund will be given.

If you withdraw from the event after the closing date for applications, no refund will be given.

Refunds will be looked at by a case by case situation.

ADM27.

**ACTIVITY CONSENT FORM FOR YOUTH MEMBERS****Part A**

**PERMISSION TO ATTEND – This page is to be returned to Helina Walker (Organiser of the event) [helinarw@gmail.com](mailto:helinarw@gmail.com) by: 7 / 12 / 2014 with \$80 event fee.**

Event: <b>Adventure Park Sleepover</b>	Name of participant:	Date of Event: <b>13/12/14 – 14/12/14</b>
Girls Unit:	Membership Number:	Membership Expiry Date:
D.O.B:	Age of Girl on event date:	

I, \_\_\_\_\_ being parent/legal guardian of \_\_\_\_\_ (full name) hereby apply for my daughter to attend the above event. If the application is accepted, to the best of my knowledge she is fit to participate and has permission to take part in all activities except for \_\_\_\_\_.

I undertake that she will attend this event only if, to the best of my knowledge, she has not been in contact with any infectious diseases in the three weeks prior to the event.

I acknowledge I have been informed that a copy of *GuideLines* (publication containing the policy, organisation and rules of Girl Guides Australia) is available for inspection at all Guide venues, that the sections related to program, camping, adventurous activities and policies can be viewed on the Girl Guides Australia website [www.girlguides.org.au](http://www.girlguides.org.au) and that I have been invited to read this publication.

I authorise the Leader-in-charge to obtain first aid, medical, ambulance, dental assistance or treatment, including any anaesthetic or blood transfusion, for my daughter in the event of any illness or accident. *Note:* All reasonable attempts to make contact with the nominated 'emergency contact' will be made. I consent to the release of the health information on this form to any person who provides medical treatment and care to the applicant whilst participating in this event.

I agree to pay for all expenses incurred in obtaining such medical aid and to reimburse the organisation for any expenses incurred.

I have completed the back of this form and to the best of my knowledge the information is correct.

I enclose \$ _____ as a full fee/ deposit	Signature:	Date:        /        / 20
---	------------	----------------------------

**HEALTH FORM – PART A**

Does the participant suffer for any of the following:  <input type="checkbox"/> Asthma <input type="checkbox"/> Bedwetting <input type="checkbox"/> Diabetes <input type="checkbox"/> Epilepsy <input type="checkbox"/> Sleep Walking <input type="checkbox"/> Fainting <input type="checkbox"/> Hay Fever <input type="checkbox"/> Nose Bleeds <input type="checkbox"/> Severe <input type="checkbox"/> Allergies	Give details of any known allergies such as food, insect bites or medication:  Does she have any disability or chronic illness or need any special health care? <input type="checkbox"/> YES <input type="checkbox"/> NO  If YES, please attach details and a management plan if applicable.	
	Does she know about menstruation? <input type="checkbox"/> YES <input type="checkbox"/> NO	
	Give any details of any special food requirements for medical, religious or other reasons:	
	If swimming or boating is listed as an activity, please indicate her ability: <input type="checkbox"/> WEAK <input type="checkbox"/> AVERAGE <input type="checkbox"/> STRONG	
Parents Name:		Phone (BH):
Current Email Address:		Phone (AH):
Home Address:		Mobile:
State:	Postcode:	<input type="checkbox"/> Please tick if you <b>DO NOT</b> want your child to participate in photos.