



# AT/TIS Development Squad

## St Helens Training Camp

### 21<sup>st</sup> to 25<sup>th</sup> January 2011



	<b>First Name</b>	
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<b>D.O.B.</b>	Day			Month			Year			Sex	M	F
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<b>A D D R E S S</b>															
	ADDRESS														
							STATE			POST CODE					
	SUBURB				PHONE HOME				PHONE WORK				PHONE MOBILE		

<b>Email Address</b>	
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<b>Club</b>		<b>Registration No.</b>	
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<p><b><u>COST</u></b></p> <p>AT/TIS Squad Members \$75.00          Non Squad Members \$150.00          TIS Scholarship Holders Free</p>	<p><b><u>Email</u></b>  <a href="mailto:simon@tasathletics.org.au">simon@tasathletics.org.au</a></p> <p><b><u>Mail</u></b>          Athletics Tasmania          PO Box 2051          HOBART TAS 7001</p>	<p><b><u>Receipt Number</u></b></p>
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#### PAYMENT DETAILS

I would like to pay by:	VISA <input type="checkbox"/> B/CARD <input type="checkbox"/> M/CARD <input type="checkbox"/> CHEQUE <input type="checkbox"/> M/ORDER <input type="checkbox"/> CASH <input type="checkbox"/>
<b>Office Use Only</b>	<p><b><u>Card Details</u></b></p> <p>Number <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/></p> <p>Name <input style="width: 80%;" type="text"/> Exp. Date <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/></p> <p>Signature <input style="width: 90%;" type="text"/></p>

Please cross out whichever is not applicable.

1. I WILL / WILL NOT be attending the development squad camp.
2. Some transport will be available from Launceston and Hobart transport from the North West may become available subject to demand.
3. I GIVE PERMISSIONS / DO NOT GIVE PERMISSION for my child's photo to be taken by official photographers and possibly be used by Athletics Tasmania.
4. I understand that I will be required to contribute an amount, as directed by Athletics Tasmania, towards the overall costs of the team. This amount advised above.
5. I understand that I am responsible for my own health/personal insurance during the trip and that tasking care of injuries or illness occurring during the trip may incur some costs for me.
6. I understand that transport is via car pools.
7. I understand accommodation will be at the St Helens District High School and athletes will need to bring sleeping bag, pillow, towel and a sleeping mat or inflatable mattress.
8. I give permission for my son/daughter to go swimming throughout the duration of this camp.

SIGNATURE: \_\_\_\_\_ Name of Parent/Guardian \_\_\_\_\_  
 (Signature of Parent or Guardian) Please print

DATE: \_\_\_\_\_

# MEDICAL FORM

## **AT/TIS Development Squad Training Camp – St Helens 2011**

Surname: \_\_\_\_\_ Given Names: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Telephone: \_\_\_\_\_ h \_\_\_\_\_ w

Mobile Phone : \_\_\_\_\_ Email : \_\_\_\_\_

Medicare Number: \_\_\_\_\_

Private Health Insurance: \_\_\_\_\_

### MEDICAL DETAILS

- Are you allergic to anything? YES/NO
- Please state allergy and provide relevant details: \_\_\_\_\_
- Do you need to take any medication? YES/NO
- Please list any foods you cannot consume:

\_\_\_\_\_  
\_\_\_\_\_

If yes, then please provide details of medication and instructions if medication needs to be supervised: \_\_\_\_\_

- Please provide any other medical details that you feel may be necessary to know:
- \_\_\_\_\_

I hereby give authority for the Team Managers of the squad to use their discretionary powers to arrange medical treatment for \_\_\_\_\_ (name) should the need arise. I realise that I may be responsible for excess costs incurred in such arrangements.

SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent/Guardian if under 18)

## St Helens Gift

All athletes will be attending the St Helens Gift and are encouraged to enter at least one event minimum. Athletes can enter by indicating which events they would like to enter below.

If you have already entered previously then disregard the following information.

St Helens Gift event list:

Distance	Event Details	P'Money	Entry
70m	Maiden Handicap	\$250	\$5
70m	Men's Handicap	\$300	\$5
70m	Women's Handicap	\$300	\$5
120m	St Helens Men's Gift	\$1,150	\$10
120m	St Helens Women's Gift	\$1,000	\$10
300m	Masters Handicap	\$150	\$5
400m	Men's Handicap	\$400	\$5
400m	Women's Handicap	\$400	\$5
1600m	Open Handicap	\$800	\$8
3200m	Open Handicap	\$400	\$5

EVENT/S:

COST PER EVENT

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

4. \_\_\_\_\_

\_\_\_\_\_

TOTAL COST: \_\_\_\_\_

I Understand that the extra cost of these events is to added on to the total cost's listed above.

SIGNATURE: \_\_\_\_\_  
(Parent/Guardian if under 18)

Date: \_\_\_\_\_