

## CAMP SELECTION

PLEASE VISIT OUR WEBSITE FOR MORE INFORMATION:  
[WWW.STAFF.VU.EDU.AU/SPORTSCAMPS](http://WWW.STAFF.VU.EDU.AU/SPORTSCAMPS)

### VICTORIA UNIVERSITY - FOOTSCRAY PARK (Please tick)

SESSION	TIMES	LOCATION	AGES
Basketball Camp [ ] BCF1 - January 9th - 13th	9am - 3.30pm	Footscray Park Campus	8 - 15
Cricket Camp [ ] CRF1 - January 9th - 13th	9am - 3.30pm	Footscray Park Campus	7 - 15
Multi-Sport Camp [ ] MSF1 JUNIOR - January 9th - 13th [ ] MSF1 JUNIOR - January 16th - 20th [ ] MSF2 INTERMEDIATE - January 9th - 13th [ ] MSF2 INTERMEDIATE - January 16th - 20th [ ] MSF3 SENIOR - January 9th - 13th [ ] MSF3 SENIOR - January 16th - 20th	9am - 3.30pm	Footscray Park Campus	6 - 8 6 - 8 9 - 11 9 - 11 12 - 15 12 - 15
Netball Camp [ ] NCF1 - January 16th - 20th	9am - 3.30pm	Footscray Park Campus	8 - 15
Soccer Camp [ ] SCF1 - January 16th - 20th	9am - 3.30pm	Footscray Park Campus	7 - 15
Tennis Camp [ ] TCF1 - January 9th - 13th	9am - 3.30pm	Footscray Park Campus	8 - 15

### VICTORIA UNIVERSITY - WERRIBEE CAMPUS (Please tick)

SESSION	TIMES	LOCATION	AGES
Multi-Sport Camp [ ] MSW1 JUNIOR - January 16th - 20th [ ] MSW2 INTERMEDIATE - January 16th - 20th	9am - 3.30pm	Werribee Campus	6 - 8 9 - 12

Please return the **completed** application form (BOTH SIDES) and payment by mail or scan & email to:

**Victoria University Sports Camps (F022), School of Sport and Exercise Science  
 PO Box 14428 Melbourne City MC, VIC 8001**

**Email: [jade.doonan@live.vu.edu.au](mailto:jade.doonan@live.vu.edu.au) & [richard.baka@vu.edu.au](mailto:richard.baka@vu.edu.au)**

"TWO  
 COOL  
 WEEKS  
 IN A  
 LONG HOT  
 SUMMER"

## VICTORIA UNIVERSITY SPORTS CAMPS

9-13 AND 16-20  
 JANUARY 2012

FOOTSCRAY AND WERRIBEE

PROGRAMS INCLUDE:

BASKETBALL • CRICKET  
 MULTI-SPORT • NETBALL  
 SOCCER • TENNIS

AGES 6-15 WELCOME



**VICTORIA UNIVERSITY**  
 MELBOURNE AUSTRALIA

ROUTLEY'S  
 BAKERY

LifeFitness



[www.vu.edu.au/sport](http://www.vu.edu.au/sport)

XXX  
 SUZANNE CORY  
 High School

# REGISTRATION FORM



(ONE CHILD PER REGISTRATION FORM THANK YOU -  
PHOTOCOPIES ACCEPTED)

## PERSONAL DETAILS:

CHILD'S FIRST NAME: \_\_\_\_\_

CHILD'S SURNAME: \_\_\_\_\_

DATE OF BIRTH: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_

MALE / FEMALE: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

SUBURB: \_\_\_\_\_

POSTCODE: \_\_ \_\_ \_\_ \_\_

HOME ☎: \_\_\_\_\_

GUARDIAN MOBILE ☎: \_\_\_\_\_

GUARDIAN EMAIL ADDRESS: \_\_\_\_\_

NAME OF EMERGENCY CONTACT: \_\_\_\_\_

DAY TIME ☎: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

MEDICARE CARD N°: \_\_\_\_\_

CHILDCARE RECEIPT REQUIRED (please circle): YES / NO

ALLERGIES / MEDICAL CONCERNS: \_\_\_\_\_

**OFFICE USE ONLY:**  Received Package sent out  Details entered into database  Registration form and payment sent  Receipt number entered to spread sheet  Receipt given back  Registration form filed

## PAYMENT DETAILS:

I WISH TO PAY (please tick):

\$155.00 REGISTRATION (1 week registration and T-shirt)

\$35.00 DAILY REGISTRATION  
- M  Tu  W  Th  F

\$5.00 POST SCHOOL SUPERVISION\* (Per day)  
- M  Tu  W  Th  F

(Please indicate required days)

SubTotal \$ \_\_\_\_\_

**DISCOUNT** (A maximum of 2 deductions can be claimed in total; discounts apply only to a full week registration)

Early Bird (registration before 9th December 2011): Less \$15

ONLY ONE OF THE FOLLOWING: Less \$15

2 or more children or,  Enrolling same student in 2nd week or,  VU Staff/Student No.

Less Discount \$ \_\_\_\_\_

**TOTAL \$** \_\_\_\_\_

Bank Cheque (as personal checks will NOT be accepted)

Money Order  Bank Card  Visa  Mastercard

(Please make Bank/Money order payable to **VU Sports Camps**)

CARDHOLDER'S NAME: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

CARD NO. \_\_\_\_\_

EXP DATE: \_\_ \_\_ / \_\_ \_\_

CARDHOLDER'S SIGNATURE: \_\_\_\_\_

## INFORMED CONSENT AGREEMENT

I, the UNDERSIGNED, hereby acknowledge that certain RISKS OF INJURY are inherent to participation in sports and recreational activities. They may be minor or serious and may result from one's actions, or the actions or inactions of others, or a combination of both. I agree that should my child be injured at VICTORIA UNIVERSITY I will organise transport for my child, or request an ambulance be called.

I understand the RULES AND REGULATIONS are designed for the safety and protection of participants and hereby undertake to abide by these rules and regulations.

I hereby WARRANT my child being physically fit to participate and understand that the CHOICE to participate brings with it the ASSUMPTION OF THOSE RISKS AND RESULTS which are part of these activities.

I declare having read and understood the above INFORMED CONSENT AGREEMENT in its entirety and hereby consent for my child to participate acknowledging all the foregoing.

I agree that VICTORIA UNIVERSITY and any officer, employee, contractor or agent of VICTORIA UNIVERSITY shall not be liable for the death of my child or any injury to his or her person and or loss or damage to personal property arising from, or in any way resulting from, my child's participation in these activities, UNLESS such death, injury, loss or damage is caused by the SOLE NEGLIGENCE of the University or its officers, employees, contractors or agents and furthermore I agree to keep VICTORIA UNIVERSITY, its officers, employees, contractors and agents indemnified against any liability excluded in this agreement.

**Permission is also given for: 1) Use of any photos of my child to appear in the sports camp brochure, other school advertising or newspapers. 2) Transport of my child to a local swimming pool, golf range or to another VU campus for instruction.**

**Check the following for end of day procedures, please tick:**

I do NOT give permission for my child to leave on his/her own at the end of the school day.

I give permission for my child to leave on his/her own at the end of the school day.

I will require extra supervision for my child between 3.30pm and 5.30pm. (Please note there will be an additional supervision fee of \$5.00 each day for this service). Details will be forwarded in your information package.

Signature of Parent/Guardian: \_\_\_\_\_

Printed name of Parent/Guardian: \_\_\_\_\_

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