



2013 EASTER “BLUES” CAMP

Monday 15th – Thursday 18th April 2013

Specialist coaching catering for all skill levels of players 12 to 15 years.

All players receive: -

- Top class coaching and instruction from NSWRL Development Staff, guest coaches and the opportunity to meet current NRL players (subject to availability).
- Dormitory room accommodation with dining, recreation, video, seminar rooms and use of all the Academy's facilities; pool, ropes course and canoeing.
- All meals
- 3 nights' accommodation, Steeden Football, 3 training shirts, 1 pair of shorts, Socks, Cap, Water bottle, Camp Photo and Certificate of Attendance

The Camp cost is \$415.00. There are no additional costs and the four-day camp provides the players with an invaluable Rugby League experience they will always remember. Throughout the duration of the camp, players will follow a carefully balanced program designed to promote skill development, sportsmanship, fun and enjoyment. All players are fully supervised throughout the duration of the camp by trained NSWRL Staff and Academy of Sport Staff.

From the 2013 Easter “Blues” Camp 4 boys will be selected to act as Ball Boys for the State of Origin at ANZ Stadium, Homebush.

Each boy will be kitted out in State of Origin uniform and get the best “view in the house” of one of the Games most prestigious events.

Discount Rates for Participants:

Clubs or Schools with 10 or more participants are \$400.00 per player.

Location:

Sydney Academy of Sport, Wakehurst Parkway, Narrabeen.

Cancellations:

If cancellation prior to 22nd March 2013, a full refund will be given.
After the 22nd March 2013, a cancellation fee of \$40 will be charged.

For further information, contact:

NSW Rugby League Academy
PO BOX 533, Narrabeen NSW 2101
Ph: 02 9971 0877 Fax: 02 9971 0977
Email: academy@nswrlacademy.com.au



APPLICATION FORM

Name: _____

Date of Birth: _____

Age as at 15th April 2013: _____

Address: _____

Postcode: _____

Phone (H): _____

(Mob): _____

Email: _____

Junior League Club/ School: _____

Closing date for applicants is 1st April 2013 but places will be allocated on a first receive basis. **You are advised to book early to avoid disappointment.**

My payment of \$ _____ is enclosed.

If paying by cheque, please make out to NSW Rugby League and staple to the back of this application form.

Direct Deposit:

Commonwealth Bank

BSB: 062-208

Account Number: 1001 0096

Account Name: NSW Rugby League Coaching Camp

Please put your child's name as the reference.

I authorise the Camp Directors to arrange any medical treatment needed if required.

I agree that any images taken during the camp maybe published for future promotion of rugby league.

Successful candidates will be required to abide by the Australian Rugby League's Code of Conduct while participating in the Camp. A copy of which will be forwarded upon receipt of payment.

I declare that the above information is a true and correct record as at the date below:-

Signed: (Player) _____

Date: _____

Parent / Guardian _____

Signature: _____

Date: _____

Medical and consent form – Child

Participant details

First name	Last name	<input type="checkbox"/> Male	Date of birth
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Female	<input type="text"/> / <input type="text"/> / <input type="text"/>
School name	Year group		
<input type="text"/>	<input type="text"/>		
Postal address			
<input type="text"/>			
Postcode			
<input type="text"/>			

Program details

Program number (if known)	Centre name	Date from	Date to
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

Parent/guardian contact details

First name	Last name	
<input type="text"/>	<input type="text"/>	
Postal address		
<input type="text"/>		
Postcode		
<input type="text"/>		
Home phone	Email	
<input type="text"/>	<input type="text"/>	
Mobile phone	Work phone	Fax number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship to participant		
<input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Grandparent <input type="checkbox"/> Family member		

Further information

Is the child of Aboriginal or Torres Strait Islander descent? (For statistical purposes only) Yes No

Are one/both the parents from a culturally or linguistically diverse background or community? (For statistical purposes only) Yes No

Health details and related information

Does the participant suffer from the following? (if yes to one or more, please attach details as required)

A current illness (eg. flu) A disability/chronic illness Any allergic condition Asthma (provide asthma plan) Bed wetting

Attention deficit disorder (ADD/ADHD) Behavioural problems Diabetes Epilepsy Sleep walking Skin condition

Other _____

Private health insurance fund	Number	
<input type="text"/>	<input type="text"/>	
Medicare number	Position on card	Valid till
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Swimming ability <input type="checkbox"/> Strong – 50 metres unaided <input type="checkbox"/> Average – 25 metres unaided <input type="checkbox"/> Poor – 10 metres unaided <input type="checkbox"/> Non-swimmer		



Medical and consent form – Child

Current medication

Name	Time and dosage – please specify exact time of medication (attach details as required)									
	Breakfast		Lunch		Dinner		Before bed		Other	
	Time	Dose	Time	Dose	Time	Dose	Time	Dose	Time	Dose
eg. Bricanyl	8am	2 puffs	12.30pm	2 puffs	6pm	2 puffs	8pm	2 puffs		

Notes: 1. Scheduled medication must be provided in the original container (as required by legislation). 2. Staff will collect, supervise and register the taking of all medication.

Special requirements and dietary needs

Please identify any special needs or requirements not listed above (eg. diet, wheelchair access etc.)

Has he/she had the Combined Diphtheria Tetanus Toxoid booster injection?

Yes No Year _____

Has he/she been immunised against measles?

Yes No Year _____

Privacy statement

Communities NSW of 6 Figtree Drive, Sydney Olympic Park, NSW 2127 will collect and store the information you provide to enable processing of enrolments for the program. The information will be provided to instructors of the program and their supervisors, where necessary, and you consent to this disclosure. If you have been asked for information regarding Aboriginal and Torres Strait Islander descent and cultural background, this information is voluntary and is being compiled for statistical purposes only. Any information provided by you will be stored on a database that will only be accessed by authorised personnel and is subject to privacy restrictions. The information will only be used for the purpose for which it was collected. Any information provided by you to Communities NSW can be accessed by you during standard office hours and updated by writing to us or by contacting us on 13 13 02.

Risk waiver and media consent

a) I agree for my child/ward to attend the Centre to undertake all activities and/or to participate in the above program and that my child/ward will abide by the rules and conditions of the Centre, and/or the Department, including those in any literature or verbal or written instructions. I authorise in the case of an emergency for the Centre or program staff, where it is impracticable to communicate with me, to arrange for my child/ward to receive such medical or surgical treatment as may be deemed necessary. I also undertake to pay or reimburse costs which may be incurred for medical attention, ambulance transport and drugs while my child/ward is participating in any activity or is in attendance at the Centre.

Except for situations in which a claim arises as a result of a negligent act or omission by Communities NSW or its employees, servants, volunteers or agents (hereafter each the "Released Persons"), I agree to indemnify and keep indemnified the Released Persons from and against all claims whatsoever and whenever brought, prosecuted or made against any of the Released Persons for which the Released Persons will or may be or become liable arising from or as a result of my child's/ward's attendance at the Centre and/or participation in any activity. I also agree to waive, release and discharge all and any claim, right or cause of action against the Released Persons, however arising, whether currently known or arising in the future, which I may otherwise have for the loss of my child's/ward's life, or injury, damage or loss of any description whatsoever and howsoever caused which my child/ward may suffer or sustain in the course of or as a result of my child's/ward's participation in any activity and/or attendance at the Centre.

b) Please tick whichever applies to you

I consent / I do not consent to allow Communities NSW to use my child's/my ward's name and any photographs, sound and film recordings taken of my child/my ward at this program for the promotion of Communities NSW's services and initiatives to the media and to the general public.

Name (print)

Signature

Date

/ /

Returning this form

Please return this form to the coordinator of your Sport and Recreation program.

For more information call

13 13 02 or visit www.dsr.nsw.gov.au





NSWRL ACADEMY

CODE OF CONDUCT AGREEMENT

Whenever there are a number of people in residence together it is necessary to establish guidelines for the smooth running of the camp. These guidelines ensure that the rights of everyone are respected: they allow everyone to know where they stand from the beginning.

To Parents

1. You will be advised of any serious behavioural problem. If your child is involved in any way with drugs, alcohol or intimate relationships with other participants you will be notified immediately. It would be expected that you collect your child from the program as soon after this as possible if deemed necessary by the staff at the Academy.
2. Normal standards of behaviour are expected. Participants should not infringe on the privacy of others nor interfere with their belongings in any way.
3. The child's continued attendance at the program is subject to his/her behaviour.

To Participants

As a participant in this Camp, I understand that I must follow the guidelines set out below:

1. I am aware that if I am involved in any way with drugs, alcohol or intimate relationships with other participants my parent/guardians will be notified immediately.
2. I am aware that smoking is not permitted.
3. I will respect the rights of my fellow participants and staff and in return I expect the same.
I will not interfere with the belonging of others.
4. I will abide by the rules that have been established by the Academy for the conduct of these programs.
5. I will not wilfully cause any damage to the Academy or anyone else's property. If I do I will pay for any replacement/repair costs.

I abide by the Australian Rugby League's Code of Conduct, while at the Camp.

NAME OF PARTICIPANT _____

SIGNED _____
(Participant)

SIGNED _____
(Parent/Guardian)