



ISOLATED CHILDREN'S PARENTS' ASSOCIATION

Clermont Branch



Sports Camp Coordinator
Graham Garside
Ph – 49582 389
kergrah@bigpond.com

Sports Camp Administrator / Treasurer
Amanda Clark
Ph – 49835 298
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Clermont ICPA Branch President
Alana Moller
Ph – 49835 353
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ICPA SPORTS CAMP 2018

26 – 31 August
Yrs 4 – 7

ENCLOSED

- Children's Enrolment Form
- Volunteer's Form
- Parent Checklist
- Medical Forms
- Students' Code of Behaviour
- ICPA Membership Information

Registrations & Payment due by Friday 15 June 2018

If you require a digital copy of forms so they can be returned via email contact
clermonticpasportscamp@gmail.com

PLEASE READ ALL FORMS CAREFULLY, COMPLETE & SIGN WHERE REQUIRED

COST

- **\$150 first child and \$130 second or subsequent children.**
- For insurance purposes your child/ren cannot attend the Sports Camp if you are not a current financial member of an ICPA branch.
- Payment can be made via Direct Deposit (details on enrolment form) or Cheque payable to ICPA Qld. Inc. Clermont Sporting Clinic. A letter and receipt will be emailed to you as confirmation of a place at the camp.

ICPA MEMBERSHIP

- Families are encouraged to become members of their local Branch or the Branch which is most convenient for them. Becoming a member of your local Branch not only ensures the Branch continues into the future, but also may entitle you to benefits only offered specifically within your local Branch area.
- Local ICPA Branches in the Sports Camp area include Alpha, Belyando/Mt Coolon, Blackall, Capricornia BOTA, Charters Towers, Clarke Creek, Clermont, Hughenden, Longreach, Nebo, Springsure/ Rolleston.
- See enclosed ICPA Membership information for details of joining ICPA – the membership process is online.

- The Sports Camp Committee won't be chasing up any families for ICPA membership. It is each families' responsibility to join ICPA using the online membership process.
- If you are not a financial member of an ICPA branch by **Friday 15 June 2018** (records will be checked with the State ICPA Treasurer) your child/ren's registration will be cancelled and enrolment fees refunded. As positions at camp are limited, the next child on the waiting list will be allocated a spot if ICPA membership is not current.

ENROLMENT

- Registrations and payment for Sports Camp are due on **Friday 15 June 2018**.
- Registrations will close prior to the due date if the maximum number of 144 children have been received. This is non-negotiable and no late registrations or registrations after the cut off number will be taken.
- Registrations will be processed via the date received and once full payment has been processed. It is advisable to send in forms ASAP to avoid disappointment.
- Refunds will be forwarded if payments are made after the quota is full. Once children have been accepted to camp, payment can only be refunded for exceptional circumstances.

SPORTS

- All students will be placed into mixed (male & female) groups according to their year level and will receive qualified coaching in the following possible sports – Basketball, Cricket, Hockey, Netball, Olympic Handball, Rugby League, Soccer, Softball, Tennis and Volleyball.

VOLUNTEERS

- **We require at least one adult from each school to attend the full week of Sports Camp.**
- Parents and teaching staff are welcome to volunteer to help as Group Carers or as Kitchen Helpers for the week of camp.
- **Volunteers are required to submit a Volunteer's form.**
- Volunteers are chosen by the Sports Camp Committee and all volunteers attending camp will be notified by the Volunteer Coordinator.
- Parents and teaching staff are not able to attend camp as volunteers unless they have been invited by the committee.
- Group Carers will be allocated with a group of children who will be in their care for the week. Carers will camp with all children in the dorm. As we cannot accommodate younger children, it will not be possible for them to attend with you. It is hoped that Carers will enjoy some free time during the week.

CATERING

- To keep catering costs to a minimum we ask if parents could send **HOME BAKED COOKING** for morning and afternoon teas. Each and every year children do enjoy the home baked cooking.
- We also encourage the healthy option of fruit at morning and afternoon teas. Therefore donations of fresh fruit would be greatly appreciated.
- Fresh produce is always welcome (eggs, tomatoes & pumpkins). We also ask for fresh produce donated to be thoroughly washed & clean.

ARRIVAL

- Children are expected to arrive between 2pm and 4pm on Sunday 26 August. Supervision will not be available prior to 2pm.
- On arrival, all children are to be signed in at the registration desk. If someone else other than parents are bringing your child/ren to camp make sure they are aware they need to sign children into the camp.

DEPARTURE

- On Friday morning, the children will participate in exhibition matches at the **Blair Athol Sportsground (8:00am – 10:00am)**.
- Parents are encouraged to attend and enjoy the children's display of skills gained during the week.
- **The Sports Camp ends after signing out your child with their Carer back at the Clermont Showgrounds at approximately 12 noon.**
- If someone other than parents are collecting your child/ren from camp, written permission is to be sent via email to clermonticpasportscamp@gmail.com prior to Friday 31 August 2018.

RETURN OF FORMS

- All forms can be completed digitally and returned via email or filled in manually and posted back.
- Emailing forms is the quickest way to return your child/ren's enrolment for sports camp and ensure a place. **When returning forms via email, attach forms and return with Subject – Enrolment Forms.**
- If you would like to fill in forms digitally and haven't received the enrolment package from your school via email, contact Amanda Clark clermonticpasportscamp@gmail.com to be sent digital enrolment forms.
- To fill in PDF form click in the highlight boxes and type in relevant information or select information from the drop down menu.
- To sign the forms digitally you will need to set up a digital signature – Configure Digital ID – Create a new Digital ID – Continue – Save to file – Continue – enter identity information (name, email & country) – Continue – Select a Password & Confirm Password – Save – Choose the Digital ID that you have just created – Continue – Enter Password – Sign. Save form when prompted with child's name at the end of the file name. You will only need to set up a digital signature once.

FURTHER ENQUIRIES

- Graham Garside – Coordinator - Ph 49582 389 / Mb 0428 582 986
- Amanda Clark – Registrations – Ph 49835 298 / Mb 0427 835 298

Registrations & Payment due by Friday 15 June 2018

Email - clermonticpasportscamp@gmail.com Subject – Enrolment Forms

OR

Mail - Amanda Clark, "Ibis Creek", MT COOLON Q. 4804



ICPA SPORTS CAMP 26 – 31 August 2018

ENROLMENT FORM

Due Friday 15 June 2018

CHILD/REN'S DETAILS

Surname _____ Name _____ M / F _____ DOB _____

Yr Level _____ Shirt Size _____ School _____

Surname _____ Name _____ M / F _____ DOB _____

Yr Level _____ Shirt Size _____ School _____

Surname _____ Name _____ M / F _____ DOB _____

Yr Level _____ Shirt Size _____ School _____

PARENT/GUARDIAN DETAILS

Surname _____ Name _____

Home Address _____

Ph _____ Mob _____ Email _____

PHOTO PERMISSION

I, _____ (Parent / guardian name) agree/disagree for

_____ (Child/ren) to have his / her photo in any media coverage

associated with the Clermont ICPA Sports Camp.

Signed _____

CHILD'S POLO SHIRT SIZE

Size	K4	K6	K8	K10	K12	K14	K16	L12	L14	L16	MS	MM	ML
Half chest (cm)	36	38	40	42	44	46	49	51.5	54	56.5	52	55	58

K - Kids sizing / L - Ladies sizing / M - Mens sizing -: Measure the child's chest measurement if unsure of sizing

ICPA MEMBERSHIP

All families must be a financial member of ICPA for children to attend the Clermont ICPA Sports Camp. Families are encouraged to become members of their local Branch or the Branch which is most convenient for them. Refer to the enclosed membership information. Fill in which is applicable to your family.

2018 ICPA FINANCIAL Member of _____ Branch

NEW Members of _____ Branch

CAMP COST PER CHILD

First Child \$150.00

Additional children \$130.00

TOTAL

PAYMENT METHODS

☐ **Deposit Details**

A/C Name **ICPA Qld Inc Clermont Sporting Clinic**

BSB **014 550**

A/C # **1906 76596**

Reference _____ (*Reference – Surname & initials*)

Date Deposited _____ Amount Paid \$ _____

☐ **Cheque** enclosed for \$ _____

Payable to **ICPA Qld Inc Clermont Sporting Clinic**

HAVE YOU SIGNED AND ENCLOSED

- Enrolment Form
- Payment – Direct Deposit or Cheque
- Medical Forms
- Parent Checklist
- Volunteers Form

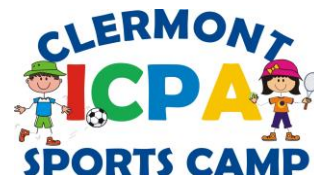
ICPA Membership Online - Renewal or New Member

Please return registrations to:

Email - clermonticpasportscamp@gmail.com

Mail - Amanda Clark, "Ibis Creek", MT COOLON Q. 4804

All forms & payment due by Friday 15 June 2018



MEDICAL CONSENT FORM 2018

Please complete a separate medical form for each child attending camp

SURNAME _____ GIVEN NAMES _____

KNOWN AS (if different) _____ DOB _____ Female Male

COUNTRY OF BIRTH _____ RELIGION (for hospital admission) _____

SCHOOL _____ Aboriginal Descent Torres Strait Islander Descent

IMMUNISATION STATUS Date of last Tetanus vaccine _____

Vaccinated against Hepatitis B?

Vaccinated against Meningococcal?

MEDICARE NUMBER _____ CHILD'S REF No. _____ EXPIRY DATE _____

PRIVATE HEALTH FUND _____ No. _____

NAME OF PARENT/GUARDIAN _____

ADDRESS _____

PHONE NUMBERS HOME _____ WORK _____
MOBILE _____

Two alternative contact names and phone numbers in case you are unable to be contacted in the event of an emergency.

Name _____ Number _____ Relationship _____

Name _____ Number _____ Relationship _____

AGREEMENT BY PARENT OR GUARDIAN (please read carefully)

- I _____ (name of parent/guardian) acknowledge and agree that I.C.P.A. and/or its volunteer supervisors will not be liable for any loss or damage to any person or property arising from any act or omission by I.C.P.A., its volunteer supervisors or any participant in the Sports Camp and indemnify I.C.P.A. in relation to any such loss and/or damage.
- I consent to _____ (name of child) participating in all the activities associated with the program and I hereby authorise and consent to the obtaining of medical assistance, including first aid, Queensland Ambulance and/or private transport, blood transfusion and/or anaesthetic if required and I agree to indemnify I.C.P.A. and its volunteer supervisors for any cost and/or liability arising out of the performance of any medical procedure in relation to such medical assistance.
- I understand that if my child brings medication to the Sports Camp, a current pharmacy label must be attached to the medication showing the date the medication was purchased, the child's name, the name of the drug, and the dose, amount and times to be given.
- I understand that all medications will be surrendered to the First Aid Officer at Registration.
- I understand that all medication will be administered by the First Aid Officer.
- If my child suffers from ill health (including head lice) and must return home or is dismissed from the Sports Camp for inappropriate behaviour, I agree to make all travel arrangements and meet all associated expenses.
- I understand if my child becomes ill and needs to be transported to the doctor surgery or hospital (in consultation with the camp nurse) he/she will be transported in a private vehicle by a member of the administration team.

Signature Parent/Guardian _____ **Date** _____

CHILD'S NAME _____

CHILD'S AGE (at camp) _____ Weight _____ kg

Please tick (✓) if relevant to your child.

Medication normally / regularly taken	
Asthma	
Croup	
Hay fever / Sinus	
Food Allergies or Dietary Restrictions	
Drug Allergies	
Other Allergies (e.g. bee/insect stings, band aids, lotions)	
Phobias	
Sleep Disturbances (e.g. nightmares, sleepwalking, bed-wetting)	
Nose Bleeds	
Headaches	
Diabetes	
Epilepsy	
Visual Impairment	
Hearing Impairment	
Other conditions / concerns / recent illnesses or injuries	

Please provide details of all conditions marked with ✓, including frequency, severity and treatment (include medication & dosage) if applicable. Children with an anaphylaxis plan need to send a copy of their plan with the medical form. Please be aware that all care will be taken with children with food allergies however it is up to the individual child and parent to make sure they adhere to their own dietary requirements. All children with allergies are to email / send an individual photo so these can be displayed on allergy chart in kitchen and sports ground catering so all volunteers are aware of children with allergies.

DETAILS

The only medications that will be provided at camp when required are:-

Paracetamol – for pain relief &/or for a fever in the event of illness or injury
Claratyne – an antihistamine used for allergies & for cold / flu symptoms

Do you agree to the First Aid Officer giving your child an appropriate age/weight dose of :-

PARACETAMOL

CLARATYNE

I would prefer my child to be given the following medication(s) which I will supply :-

MEDICATION _____ DOSE _____

MEDICATION _____ DOSE _____

Signature Parent/Guardian _____ **Date** _____



ICPA SPORTS CAMP 2018

26 – 31 August

PARENT CHECKLIST

Name of Parent/Guardian _____

Name of child/ren attending camp _____

Please read and sign below to show that you understand the following.

I AM AWARE THAT:

- My child will be sleeping on a cement floor in the pavilion at the Clermont Showgrounds and I am responsible for providing appropriate warm bedding.
- My child will be encouraged to wear his/her mouthguard during sports activities.
- My child is to provide a water bottle and will be instructed to take it to all sporting venues and to drink water frequently.
- The toilets & showers are not located within the accommodation block and my child will wear rubber thongs while showering.
- My child will be transported to and from the Sportsground by bus.
- My child will be participating in the following possible sports:

NOTE: For liability purposes it is essential that parents **INITIAL EACH SPORT.**

Basketball	_____	Ruby League (non contact)	_____
Cricket	_____	Soccer	_____
Hockey	_____	Softball	_____
Netball	_____	Tennis	_____
Olympic Handball	_____	Volleyball	_____

I have read the Students' Code of Behaviour and fully understand its contents.

Signed _____	Parent
Signed _____	Student 1
Signed _____	Student 2
Signed _____	Student 3



ISOLATED CHILDREN'S PARENTS' ASSOCIATION

Clermont Branch



ICPA SPORTS CAMP 2018 **26 – 31 August**

STUDENTS' CODE OF BEHAVIOUR

Important Information

Parents please read this form with your child

- Listen attentively and try your best in each of your training sessions
- Set yourself realistic goals related to your ability
- Be courteous to your fellow players, coaches, teachers, parents and other volunteers both on and off the sporting field
- Encourage and support the more reluctant members of your group
- Co-operate with your coaches, fellow group members, parents and volunteers at all times
- Keep your temper under control at all times

As a team member:

- Compete by the competition rules and conditions
- Never argue with the judge's, referee's or umpire's decision
- Obey all orders quickly and accept the decision even if you may not agree with it
- Work equally hard for yourself and your team
- Be a good sport
- Encourage and support your own team members
- Applaud all good plays, whether by your team or the opposition
- Co-operate fully with your coach, team mates and opponents
- Show respect for your opponents and their skills
- Be positive and friendly to all participants
- Play for your own enjoyment – not just to please parents and coaches

Most of all, have fun and enjoy yourself!



Clermont Branch

VOLUNTEER FORM**Due Friday 15 June 2018****We require at least one volunteer from each school to attend the full week of the Sports Camp.**

Volunteers must be over 18 years of age. Volunteers can be full-time Group Carers for the week or help on certain days as a part-time Carer. Group Carers will be camping in the Pavilion with children. Volunteers will not be placed with their own child's group. The camp also requires volunteers for the kitchen either on a full-time or part-time basis. **All Volunteers are required to submit a Volunteer's form (parents & teaching staff).** Volunteers will be chosen by the Sports Camp Committee. The Sports Camp can only happen with the assistance of volunteers. Thank-you for volunteering your time.

Surname _____ First Name _____

Name of child/ren attending the camp _____

Email _____ School _____ Shirt Size _____

Ph No. _____ Mob No. (during camp) _____

Home Address _____

I wish to volunteer for (please ✓ option) - Confirmation of volunteers will be completed after registrations close. Rob McArthur, Volunteer Coordinator, will phone volunteers to confirm if you are required for the week at camp.

- ☐ Group Carer for the week (Sun – Fri)
- ☐ Part-time Carer – Days available _____
- ☐ Kitchen Duties for the week (Sun – Fri)
- ☐ Part-time Kitchen Duties – Days available _____

I have a child attending camp Yes No

I have a current **Blue Card** - Scan & attached a copy Yes No No. _____ Exp _____

I am the nominated representative from my school Yes No

Bus Driver for the week (over 25 yrs) Yes No No. _____ Exp _____

First Aid Certificate Yes No No. _____ Exp _____

Full Time Volunteers (Carers / Kitchen Staff) Shirt Sizes**MENS JB's Polo Shirts (all measurements in cm)**

MENS – Adult Size	S	M	L	XL	2XL	3XL	4XL	5XL
Chest - side to side across front	53.5	56	58.5	61	63.5	66.5	70	73.5
SP - Shoulder to hem length	70	72.5	75	77.5	80	81	82	83

LADIES - JB's Polo Shirts (all measurements in cm)

LADIES – Adult Size	8	10	12	14	16	18	20	22	24
Chest - side to side across front	46	48.5	51	53.5	56	58.5	61	63.5	66
SP - Shoulder to hem length	62	64	66	68	70	72	73	74	75



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ICPA Membership

What is ICPA?

The Isolated Children's Parents' Association is a voluntary organisation with the aim **“to provide equality of access to education for all students who live in rural and remote communities”**. It supports parents who live in regional, rural and remote areas whose children:

- Access early childhood services through a mobile facility
- Attend a school outside a large metropolitan city, including small rural and remote schools and regional primary and secondary school
- Study via distance education
- Travel from a regional, rural or remote area to school by bus or private vehicle
- Study away from home living in a boarding school, hostel or private board or maintain a second home to access high school, training or tertiary studies, including TAFE and agricultural colleges

The association's goal is to have all elements of education (cultural experiences, social contacts, participation in sport and other enriching activities) available for children at all levels of education, regardless of their location. ICPA is a highly respected organisation, lobbying all levels of government to achieve positive educational outcomes for families.

Membership of the Association entitles you to free subscriptions of ICPA Queensland's newsletter “News and Views”, along with the federal magazine “Pedals” and other correspondence relevant to ICPA's activities and accomplishments at a branch, state and federal level in ensuring equitable education for all.

Families are encouraged to become members of their local Branch or the Branch which is most convenient for them. Becoming a member of your local Branch not only ensures the Branch continues into the future, but also may entitle you to benefits only offered specifically within your local Branch area.

Local branches in the sport camp area include Alpha, Belyando/Mt Coolon, Blackall, Capricornia BOTA, Charters Towers, Clarke Creek, Clermont, Hughenden, Longreach, Nebo, Springsure/Rolleston.

The Sports Camp Committee won't be chasing up any families for ICPA membership. It is each families' responsibility to join ICPA using the online membership process. Children will not be able to attend Sports Camp if families are not current financial members.

ICPA MEMBERSHIP

Existing Members – RENEWAL

- www.icpa.com.au
- Click on “**Website Login**” on top right-hand corner



ISOLATED CHILDREN'S PARENTS' ASSOCIATION
Working together for Equity of Access to Education for all Students
who live in Rural and Remote Australia.

[Join ICPA](#) | [Website Login](#) | [Contact Us](#)

Search ICPA, Federal...

- Existing members Log in with your email address and password. *If you are unsure of your password click on "forgot password" and follow the directions.*
- Once logged in you will see this banner across the top

Currently logged in as MR MICHAEL CLARK and MRS AMANDA CLARK [[Renew Membership](#) | [Update Membership](#) | [Logout](#)]

- Select "**Renew Membership**"
- Scroll down the page checking and editing your details. Continue following the screen prompts for payment.
- Your membership renewal is complete.

New Members – JOIN ICPA

- www.icpa.com.au
- Click on “**Join ICPA**” on top right-hand corner



ISOLATED CHILDREN'S PARENTS' ASSOCIATION
Working together for Equity of Access to Education for all Students
who live in Rural and Remote Australia.

[Join ICPA](#) | [Website Login](#) | [Contact Us](#)

Search ICPA, Federal...

- Join your local branch – use dropdown menu.
- Fill in your membership details.
- Continue following the screen prompts for payment.
- Your membership is complete.