ISOLATED CHILDREN'S PARENTS' ASSOCIATION

Clermont Branch

Sports Camp Coordinator
Graham Garside
Ph – 0428 582 986
kergrah@bigpond.com

Sports Camp Administrator / Treasurer
Amanda Clark
Ph – 0427 835 298
clermonticpasportscamp@gmail.com

Clermont ICPA Branch President
Alana Moller
Ph – 49835 353
starofhope@skymesh.com.au

ICPA SPORTS CAMP 2019

25 - 30 August

Yrs 4 - 7

REGISTRATION PACKAGE

- Camp Information
- Children's Registration Form
- Medical Forms
- Volunteer's Form
- Parent Checklist
- Students' Code of Behaviour
- 25th Anniversary Shirt Order Form
- ICPA Membership Information

Registrations & Payment due by Friday 21 June 2019

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

25th ANNIVERSARY CAMP

- 2019 will be the 25th year of the ICPA Sports Camp. To celebrate this milestone the committee have organised Pilbara long sleeve work shirts which can be ordered at an additional cost of $39.00 per adult shirt & $28.00 per kids shirt. All family members (whether attending Sports Camp or not) can purchase these shirts. To order please complete the enclosed form titled '25th Anniversary Pilbara Shirt Order Form' and include the additional cost with your camp payment.
- **Included in the enrolment fee for camp is a polo shirt for your child.**

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. You will be emailed a letter and receipt as confirmation of your child's 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 – Alpha, Belyando/Mt Coolon, Blackall, Capricornia BOTA, Charters Towers, Clarke Creek, Clermont, Hughenden, Longreach, Nebo, Springsure/Rolleston. If you are not sure of the closest local ICPA branch to you email and we will let you know which branch to join.
- 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 21 June 2019 (records will be checked with the QLD 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 21 June 2019**.
- 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 attend camp, payment can only be refunded for exceptional circumstances.

CHILD'S POLO SHIRT SIZE

- Included in the enrolment fee for camp is a polo shirt for your child. Use attached sizing guide to determine size of camp shirt for your child.

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

K - Kids / L - Ladies / M - Mens

SUN SAFETY

- The Clermont ICPA Sports Camp promotes sun safety. This year all children attending camp will be given a bucket hat. This is included in the camp fees.
- Children are able to wear their own hats at camp as long as they are sun safe with a wide brim.
- **Children will not be able to participate in activities if they are wearing a cap.**

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 – AFL, Basketball, Cricket, Hockey, Netball, Olympic Handball, Rugby League, Soccer, Softball, Tennis and Volleyball.
- **Please supply your child with a mouth guard as carers will be encouraging children to wear mouthguards during sporting activities.**

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.
- All full time volunteers receive a camp polo shirt - use attached sizing guide to determine size of camp shirt.

FULL TIME VOLUNTEERS SHIRT SIZES

MENS JBs 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 - JBs 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

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 25 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 30 August, 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 30 August 2019.

RETURN OF FORMS

- All forms can be completed digitally and returned via email.
- Emailing forms is the quickest way to return your child/ren's registration for sports camp and ensure a place. **When returning forms via email, attach forms and return with Subject – Registration 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 and type in relevant information or select information from the drop-down menu.

FURTHER ENQUIRIES

• Graham Garside	Coordinator	0428 582 986
• Amanda Clark	Registrations	0427 835 298

***Return all forms via email* - clermonticpasportscamp@gmail.com**

ISOLATED CHILDREN'S PARENTS' ASSOCIATION

Clermont Branch

ICPA SPORTS CAMP REGISTRATION FORM

Due FRIDAY 21 JUNE 2019

CHILD DETAILS

Surname		Name	
Gender	Gender	DOB	
Yr Level	Yr Level	Shirt Size	Shirt Size
Hat Size	Hat Size	School	School

Surname		Name	
Gender	Gender	DOB	
Yr Level	Yr Level	Shirt Size	Shirt Size
Hat Size	Hat Size	School	School

Surname		Name	
Gender	Gender	DOB	
Yr Level	Yr Level	Shirt Size	Shirt Size
Hat Size	Hat Size	School	School

Children's shirt size measurements are listed in camp information

PARENT / GUARDIAN DETAILS

Surname		Name	
Home Address			
Ph		Mobile	
Email			

PHOTO PERMISSION

I,_____(Parent / Guardian Name) agree to give permission to ICPA to use photographs of my above mentioned children in any publication, advertisement or promotional material associated with the Clermont ICPA Sports Camp.

Signed _____ Date _____

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.

2019 ICPA FINANCIAL Member of Click on Branch or Type name of Branch _____ Branch

NEW Member of Click on Branch or Type name of Branch _____ Branch

COST PER CHILD

First Child - $150 _____

Additional Children - $130 _____

25th Anniversary Shirt order _____

TOTAL $ 0.00

PAYMENT

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

BSB **014 550**

A/C # **1906 76596**

Reference _____(*Surname & initials)*

Date Deposited _____ Amount Paid _____

INFORMATION TO RETURN

- ☐ Registration Form
- ☐ Payment details
- ☐ Medical Form
- ☐ Parent Checklist
- ☐ Volunteer Form (if applicable)
- ☐ 25th Anniversary Shirt order (if applicable)
- ☐ ICPA Membership

Return registrations via email:

clermonticpasportscamp@gmail.com

ISOLATED CHILDREN'S PARENTS' ASSOCIATION

Clermont Branch

MEDICAL CONSENT FORM 2019

Complete a separate medical form for each child attending camp

SURNAME		GIVEN NAMES	
KNOWN AS (If different)		DOB	
GENDER	Gender	Country of Birth	
Religion (For Hospital admission)		School	School
Aboriginal Descent	Select Aboriginal Descent	Torres Strait Islander Descent	Select TSI Descent

IMMUNISATION STATUS

Date of last Tetanus vaccine	
Vaccinated against Hepatitis B?	Select Immunisation status
Vaccinated against Meningococcal?	Select Immunisation status

MEDICARE NUMBER		CHILD'S REF No.		EXPIRY DATE	
PRIVATE HEALTH FUND				NUMBER	

NAME OF PARENT/GUARDIAN					
ADDRESS					
CONTACT NUMBERS		HOME		MOBILE	

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

Name		Ph No.		Relationship	
Name		Ph No.		Relationship	

SURNAME		GIVEN NAMES	
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	Select permission status	**CLARATYNE**	Select permission status
I would prefer my child to be given the following medication(s) which I will supply			
MEDICATION		DOSE	
MEDICATION		DOSE	
MEDICATION		DOSE	
SIGNATURE Parent/Guardian		Date	

AGREEMENT BY PARENT OR GUARDIAN **(please read carefully)**

- I_____(name of parent/guardian) acknowledge and agree that ICPA 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 ICPA, its volunteer supervisors or any participant in the Sports Camp and indemnify ICPA 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 ICPA 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 two members of the administration team.

SIGNATURE Parent/Guardian		Date	

ISOLATED CHILDREN'S PARENTS' ASSOCIATION

Clermont Branch

VOLUNTEER FORM

Due FRIDAY 21 JUNE 2019

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		Name	
Name of Children attending camp			
Mobile (During camp)		Home Ph	
Email		Home Address	
School or ICPA Branch	Select School or ICPA Branch	Shirt Size	Select Size

Volunteer shirt size measurements are listed in camp information – For full time volunteers

Tick option you wish to volunteer for. Confirmation of volunteers will be completed after registrations close. Volunteer Coordinator, will phone volunteers to confirm if you are required for the week at camp.

☐	Full Time Group Carer (Sun – Fri)	Comments									
☐	Part Time Group Carer	Days Available	☐	W	☐	Th	☐	F			
☐	Full Time Kitchen (Sun – Fri)	Comments									
☐	Part Time Kitchen	Days Available	☐	S	☐	M	☐	T	☐	W	☐	Th	☐	F

Please fill in all information below

I have a child attending camp	☐	YES	☐	NO
I have a current **BLUE CARD** (If you don't have a child attending camp you need a current blue card)	☐	YES	☐	NO
Blue card – scan and attach a copy	No.		Exp	
I am the nominated representative from my school	☐	YES	☐	NO
Bus Driver for the week (over 25 yrs)	☐	YES	☐	NO
Bus License – scan and attach a copy	No.		Exp	
First Aid Certificate	☐	YES	☐	NO
First Aid – scan and attach a copy	No.		Exp	

ISOLATED CHILDREN'S PARENTS' ASSOCIATION

Clermont Branch

PARENT CHECKLIST FORM 2019

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

- **Please supply your child with a mouth guard as carers will be encouraging children to wear mouthguards during sporting activities.**
- **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 can only participate in sporting activities if wearing a wide brim sun safe hat.**
- **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 -:**

For liability purposes it is essential that parents INITIAL EACH SPORT			
AFL		**BASKETBALL**	
CRICKET		**HANDBALL**	
HOCKEY		**NETBALL**	
RUBGY LEAGUE (Non Contact)		**SOCCER**	
SOFTBALL		**TENNIS**	
VOLLEYBALL			

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

SIGNATURE Parent/Guardian		DATE	
SIGNATURE Student 1		DATE	
SIGNATURE Student 2		DATE	
SIGNATURE Student 3		DATE	

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
- Cooperate 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
- Cooperate 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!

ISOLATED CHILDREN'S PARENTS' ASSOCIATION

Clermont Branch

25th Anniversary Pilbara Shirt Order Form

To celebrate the 25th anniversary camp, Pilbara Ritemate long sleeve work shirts can be ordered at an additional cost of $39.00 per adult shirt & $28.00 per kids shirt. These shirts will be a closed front style (half button) in Cobalt-Blue with the Sports Camp & 25th logo embroidered on them. All family members (whether attending Sports Camp or not) can purchase these shirts. To order please complete the enclosed form and include the additional cost with your camp payment.

Sizing Guide

For a comfortable fit it is important to measure correctly. When measuring make sure the tape is level and not tight.

NECK - Measure around the neck where the top of the shirt collar would sit leaving room for comfort
CHEST - Standing naturally, measure around the fullest part of the chest and shoulder blades measuring under the arms

MENS

SIZE	2XS	XS	S	M	L	XL	2XL	3XL	4XL	5XL
RELAXED CHEST	110	114	118	122	127	132	136	142	148	152
NECK CM	23/33	34/35	36/37	38/39	41/42	43/44	45/46	48/49	50/51	52/53

LADIES

SIZE	6	8	10	12	14	16	18	20
RELAXED CHEST	96	101	106	111	116	124	132	140
NECK CM	37	38	39	40	41	42	43	44

KIDS

SIZE	Y0	Y1-2	Y3-4	Y5-6	Y7-8	Y9-10	Y11-12	Y13-14
RELAXED CHEST	64	69	72	79	84	90	97	101

Name _____ Ph_____ Email _____

Style – Mens / Ladies / Kids	Quantity	Size	$
TOTAL PAYMENT (add this amount to registration form and pay via one direct deposit payment)			$ 0.00

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. If you are not sure of the closest local ICPA branch to you email and we will let you know which branch to join.

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

- 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

- 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

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