

Personal Details

Surname:		Given Name:	
Preferred Name/Nickname:			Gender: M / F
Address:			
Suburb:		Post Code:	
Phone (home):		Mobile:	
Student ID #:		Date of Birth:	
Course:	Email: @student.monash.edu		
Specific Dietary Requirements:			

Medical Details

All data provided by the individual shall be kept in confidence and used only in the event of an accident or emergency. Monash University Student Union Peninsula Inc. (MONSU Peninsula) appreciates your co-operation.

Do you suffer from any of the following?

- | | | |
|----------------------------|------------------------------|-----------------------------|
| Asthma | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Heart Disease | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Low Blood Pressure | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| High Blood Pressure | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Allergies (please specify) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Diabetes | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Epilepsy | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Other (please specify) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Please Specify: _____

Medicare #:	Ambulance Cover: Y / N
Private Healthcare: Y / N	Private Health Provider:

Are you currently taking any regular medication? Yes No

Please Specify: _____

Family Doctor

Name: _____

Phone Number: _____

Please remember to bring any medication you require, eg. Ventalin inhaler.

In Case of Emergency:

(Please provide accurate details of persons to be contacted)

Surname:	Given Name:
Address:	
Suburb:	Post Code:
Phone (home):	Mobile:
Relationship:	

OR

Surname:	Given Name:
Address:	
Suburb:	Post Code:
Phone (home):	Mobile:
Relationship:	

I hereby declare that all the above information is true and correct and I hereby give permission for any operation and anesthesia that might become necessary.

Signature: _____

Date: _____

Terms & Conditions

Please note that this document is only valid when accompanied by a signed and dated 'Terms and Conditions Acceptance Slip', which will be completed at training.

Declaration of Indemnity

I, _____ hereby declare that I will indemnify MONSU in respect of any liability for claims, demands, actions or proceedings whatsoever made or taken against them or any arising out of loss or damage to property or personal injury as a consequence of my acts or omissions whilst a member of MONSU and that I have read the terms & conditions included and will adhere to them while on any MONSU trip. (NB. MONSU is the Monash University Student Union Inc.)

Signature: _____

Date: _____

Terms & Conditions

Cost: The cost for the camp includes food, accommodation, and transport to and from the camp and the university, and is \$100 (incl. GST)

Payment: Full payment is required at the time of ticket purchase, using either cash or EFTPOS.

Refunds: Due to the nature of the event, refunds are unavailable for the O-Week camp.

Information Collection Statement: Monash Student Union Peninsula Inc. (MONSU Peninsula) collects information regarding personal details, medical conditions and medication where applicable, solely for the purposes of providing effective first aid and medical attention to participants if required. This information is kept strictly confidential, and will only be disclosed for the purposes for which it is collected. By participating in the O-Week Camp and providing this information, you consent to us collecting the information for these purposes.

Participant Release and Waiver of Responsibility

I acknowledge and understand:

- that by attending the O-Week Camp, I am doing so voluntarily and at my own risk;
- I take full responsibility for all of my actions, including the actions that result in injury, loss or damage;
- that the O-Week Camp has a zero tolerance policy regarding the use of illegal drugs and does not knowingly allow the provision of alcohol to minors;
- that no one is allowed to bring their own alcohol;
- that emergency situations could arise and I consent to receive treatment from a legally qualified practitioner, and am responsible for the cost of any such appropriate treatment;
- that photographs of me may be taken by a MONSU Peninsula photographer, and these photographs may be used in promotions for future O-Week Camps and other MONSU events. These photos will also be published on www.monsupeninsula.org.au. If you wish for these photos to be removed, please contact James Coutie at president@monsupeninsula.org.au
- that the available accommodation includes both mixed and single sex dormitories, and that MONSU Peninsula may not be able to accommodate requests for single-sex accommodation if they are received after 10th February 2012;

- that any misconduct or refusal to follow any legitimate direction of any O-Week Camp official could result in the cancellation of my participation in the activities and even removal from the camp.

I have had sufficient opportunity to read these Terms and Conditions, and the Participant Release and Waiver of Responsibility fully understand them, and sign this document freely and voluntarily.

Signature: _____

Name: _____

Date: _____



OFFICE USE ONLY

Payment Received Cash / EFTPOS

Date: ___/___/___

Ticket Number: ___