



2010 JANUARY PLAYERS CAMP

18th – 21st January 2010

Specialist coaching catering for all skill levels of players 12 to 16 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, a football, 2 training shirts, 1 pair of shorts, Cap, Water bottle, Camp Photo, Individual Skill Assessment and a Certificate of Attendance

The Camp is \$405.00. 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.

Discount Rates for Participants:

Clubs or Schools with 5 – 9 participants are \$400.00 per player.

Clubs or Schools with 10 or more participants are \$395.00 per player.

Location:

Sydney Academy of Sport, Wakehurst Parkway, Narrabeen.

Cancellations:

If cancellation prior to 19th December 2009, a full refund will be given. After the 19th December 2009, a cancellation fee of \$40 will be charged.

For further information, contact:

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 18th Jan 2010: _____

Address: _____
Postcode: _____

Phone (H): _____ (Mob): _____

Email: _____

Junior League Club/ School: _____

Closing date for applicants is 9th January 2010 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 photographs 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

Surname Given names

Address

Postcode

Name of school School year NSW Sport and Recreation customer no.

Date of birth / / Age Male Female

Are you of Aboriginal or Torres Strait Island descent? *(statistical purposes only)* Yes No

Are you or your parents from a Non-English speaking background? *(statistical purposes only)* Yes No

Program details

Program type *(please circle)* School / Holiday / Community / Sporting / Recreation / Other

Program number (if known)

Venue

Program dates (from) / / (to) / /

Parent/guardian details

	Mother	Father	Guardian/other contact
Full name of parent or guardian	<input type="text"/>	<input type="text"/>	<input type="text"/>
Home phone	<input type="text"/>	<input type="text"/>	<input type="text"/>
Work phone	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mobile	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mobile	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mobile	<input type="text"/>	<input type="text"/>	<input type="text"/>

Special needs

Please identify any special needs or requirements not listed above *(statistical purposes only)*

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

Yes No Year

Has he/she been immunised against measles?

Yes No Year

Swimming ability

Strong – 50 metres unaided Average – 25 metres unaided Poor – 10 metres unaided Non-swimmer

continued over...

Medical information

Does the participant suffer from any of the following?

- | | | |
|--|--|---|
| <input type="checkbox"/> Any allergic condition | <input type="checkbox"/> Skin condition | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Epilepsy, fits or blackouts | <input type="checkbox"/> A disability or chronic illness | <input type="checkbox"/> Asthma (include asthma plan) |
| <input type="checkbox"/> Attention Deficit Disorder (ADD/ADHD) | <input type="checkbox"/> Sleep walking | <input type="checkbox"/> A current illness eg. flu |
| <input type="checkbox"/> Bed wetting | <input type="checkbox"/> Behavioural problems | <input type="checkbox"/> Other |

If yes to one or more, please give details (*attach sheet if required*)

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Medicare number	Position number on Medicare card	Health care card number	Pensioner health benefits card	Pharmaceutical benefits concession card
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Private health insurance fund	Number	Do you have ambulance cover? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="text"/>	<input type="text"/>	

Current medication

Name	Time and Dosage – Please specify exact time of medication									
	Breakfast		Lunch		Dinner		Before bed		Other	
	Time	Dose	Time	Dose	Time	Dose	Time	Dose	Time	Dose
<i>eg. Bricanyl</i>	<i>8am</i>	<i>2 puffs</i>	<i>12.30pm</i>	<i>2 puffs</i>	<i>6pm</i>	<i>2 puffs</i>	<i>8pm</i>	<i>2 puffs</i>		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Notes:

1. Scheduled medication must be provided in the original container (as required by legislation).
2. All medications will be collected and administered by staff, unless notified in writing to the contrary.
3. Staff will supervise and register the taking of all medication.

Indemnity and risk waiver

Program name	Program date
<input type="text"/>	<input type="text"/>

Venue

I agree to my child's/ward's attendance at the above mentioned program.

In the case of an emergency, I authorise the 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 enrolled with the program.

I understand that although TSR and its service providers attempt to minimise any risk of personal injury within practical boundaries, accidents do happen and all physical activities carry the risk of personal injury. I acknowledge that there is an inherent risk of personal injury in physical activities that will be undertaken as part of this program.

Full name of parent or guardian

Signature

Date

Privacy statement

The NSW Department of Tourism, Sport and Recreation of 6 Figtree Drive, Sydney Olympic Park, NSW 2127 will collect and store the information you provide to enable processing of enrolments for Centre programs. 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 the department can be accessed by you during standard office hours and updated by writing to us or by contacting us on 13 13 02.

Media consent

Strike out whichever does not apply.

I agree to allow NSW Sport and Recreation to use my child's/my ward's name and any photographs taken of my child/my ward at this program for the promotion of the department's services and initiatives to the media and to the general public.

Full name of parent or guardian

Signature	Date
<input style="width: 100%; height: 30px;" type="text"/>	<input style="width: 100%; height: 30px;" type="text"/>

For more information call
13 13 02 or (02) 9006 3700
www.dsr.nsw.gov.au

For deaf, hearing or speech impaired people TTY (02) 9006 3701





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)