

Section One: Personal Information

Full Name: _____ Sex: **Male / Female** Date of Birth: _____ Age: _____
Home Address: _____ Post Code: _____
Phone (work) _____ Phone (home) _____ Mobile _____
Email Address: _____ Dates of Course: From _____ To _____
Capacity of involvement: **Course Participant / Volunteer / School Staff Member / Other** _____ (Please circle)

Section Two: Emergency Contacts

Emergency Contact Person (1) _____ (Relationship) _____
Phone (work) _____ Phone (home) _____ Mobile _____
Emergency Contact Person (2) _____ (Relationship) _____
Phone (work) _____ Phone (home) _____ Mobile _____

Section Three: Medical Insurance

Medicare no: _____ Private Health Fund: **Yes/No** Name of provider _____
Ambulance Subscriber? **Yes / No** Health Care Card? **Yes/No** Card Number _____

Section Four: Medical History

Have you ever suffered from any of the following?

- | | | | |
|--|----------|-----------------------------|----------|
| ◆ Diabetes or Hypoglycaemia | Yes / No | ◆ Asthma | Yes / No |
| <i>* Wollangarra requires diabetics to bring their own extra food, two glucometers, and an emergency glucose injection kit</i> | | | |
| ◆ Epilepsy or Seizures | Yes / No | ◆ Severe allergic reaction | Yes / No |
| ◆ Blood pressure problems | Yes / No | ◆ Sensory Impairments | Yes / No |
| ◆ Heart related problems | Yes / No | ◆ Musculo-skeletal problems | Yes / No |

If Yes to any of the above, please provide relevant details: _____

Have you suffered from any other illnesses not accounted for above? If so please provide relevant details: _____

Have you suffered from any previous injuries (knee/ankle/hip etc)? If so please provide relevant details: _____

Section Five: Allergies

If you have any allergies (*these may include food, food additives, insect bites, medications, plants or pollens, detergents or cleaning agents etc*) please indicate the details of any allergy, reaction type, medication used to counteract or prevent the reaction and date of last episode. _____

Section Six: Medications

Please list any current medications (prescribed or otherwise) that you are taking and what it is for: _____

Section Seven: Other Information

Can you swim 50 metres without stopping? no [] with a struggle [] comfortably [] strongly []
The year of my last tetanus immunisation was _____ Any special dietary requirements? _____

In the event of any illness or injury, I authorise the obtaining, on my behalf, such medical assistance as I may require. I agree to cover any medical costs that may arise, including ambulance costs. I have declared all the information that has been required.

Signature: _____ Print name: _____ Date: _____

Wollangarra Application Form for Over 18 Years

Participant's Details

Full Name: _____ Sex: **Male / Female** Date of Birth: _____ Age: _____
Home Address: _____ Post Code: _____
Phone (work) _____ Phone (home) _____ Mobile _____
Email Address: _____

Course Details

Dates of Course: From _____ to _____
Stage: 1 / 2 / 3 Mountain Work Parties Program (Please circle)
Capacity of involvement: Course Participant /Volunteer/School Staff Member/Other _____ (Please circle)
Travelling to Wollangarra by:
 School Vehicle
 Public Transport independently from _____
 Public Transport with their school from _____
 Self Driven
 Driven to Wollangarra/Heyfield/Traralgon by: _____

Agreement

1. I am aware that while at Wollangarra my I will be participating in the following activities: Use of a flying fox; Overnight hiking; Swimming in a river; Hobby farming including-animal care, gardening and maintenance; Campfire cooking; and other outdoor activities and games.

Signed _____

2. I am aware that your mountain hiking trip has risks and dangers that are greater than those normally faced every day. Those extra risks and dangers may include: Physical exertion, remoteness, difficult access to normal medical services, weather extremes which can change suddenly and unexpectedly.

Signed _____

3. I give permission for photos taken of me to be used in the production of Wollangarra's brochures, newsletters and website. Signed _____

4. I agree to cover the cost of any equipment that is lost or broken by me due to neglect or abuse.

Signed _____

I acknowledge that I have read all the information provided, and that I have completed and attached the Wollangarra medical forms. I also understand that whilst at Wollangarra should my behaviour my own or others safety, or is deemed by the staff to be unacceptable, then my participation on the program may be discontinued.

Signed _____ Please print name _____ Date _____