

Attachment 1 /2018

I wish to register for the Live in Camp Instruction Course at Dicky Beach Surf Life Saving Club from 3pm 23rd September to 8pm 28th September 2018. Please return to office.

Participant's Name: _____

Address: _____

Parent/Guardian's Name: _____

Phone: _____ Business: _____

Mobile: _____ E-Mail: _____

Date of Birth: _____

Doctor's Name: _____ Ph No: _____

Medicare Care Card No: _____

Medication if required: _____

Special Dietary Information: _____

LUI Number (bronze participants only, see letter for details) _____

I will be attending: the Bronze Course Surf Rescue Cert Course
(Tick which is applicable)

Throughout the camp, I agree to abide by the club rules.

Signature of Participant: _____

Cost of the camp is \$170 plus...

\$20 Patrol Cap

\$40 Pink Hi-Vis Rashie (If you don't already have either one)

\$35 Manual (edition 34 Revised)

\$5 Workbook (Required for all participants)

I hereby give permission for the above named person to attend the Live in Camp.

Parent/Guardian Signature: _____

All camp candidates must be financial members of the club before attending the camp. All monies shall need to be paid before 14th September 2018.

Dicky Beach Surf Life Saving Club
Lifesaving Administrator

Email: lifesaving@dickybeachsurfclub.com

Robyn - Phone: 5491-5742

OFFICE USE ONLY

Amount Paid _____ Date Paid _____
Amount Owing _____