



**LSS Australijos Rajonas  
Džiugo Tunto Stovykla  
140 Royal Parade, Riddells Creek VIC 3431  
2nd – 8th Jan 2017**

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## **CAMP DETAILS**

All forms are to be completed and handed to your tuntininkas (scout group leader) before the camp or handed in at the camp upon arrival/registering.

### **1. Who can attend stovykla (camp)?**

The Džiugo Tunto Stovykla is open to all Australian Lithuanian Scouts, their immediate family members (i.e. spouse, parents, grandparents and siblings) and friends. Forms for new scouts will be available at stovykla.

Children who are under 6 years of age on 2<sup>nd</sup> Jan 2017 are welcome at Stovykla as long as one of their parents accompanies them and is responsible for them for the entire duration of stovykla.

### **2. How do I register for stovykla?**

- RSVP on the Džiugo Tuntas Facebook event (see for more details);  
or
- Contact Tuntininko Adjutantas s.v. Girius Antanaitis ○ Mobile:  
0421 238 399  
○ Email: ga.medic@gmail.com

All scouts will need to complete the registration package. Most importantly, the registration form must be signed by a parent or legal guardian for all scouts under 18 years of age as of 2<sup>nd</sup> Jan 2017.

**Registration at camp is on Monday 2<sup>nd</sup> Jan 2017 between 12 noon and 1:00pm.** It is important to register during this period, as activities begin in the afternoon.

### **3. Camp costs**

#### **3.1 Full-time attendance at camp**

- **\$200** per person
- **\$180** per person for 2<sup>nd</sup> family member
- **\$160** per person for 3<sup>rd</sup> family member
- **Free** for any additional family members

#### **3.2 Daily attendance rate**

- **\$50 (first day), \$40 (all other days)** per day per person

**Free** for children who are under 6 years of age as of 2<sup>nd</sup> Jan 2017.

All costs are GST inclusive.

#### **Payments by**

- Direct deposit payable to Lithuanian Scouts BSB 033070 A/C 453196. Please use your name as a reference and print off a copy of payment
- Electronic transfer available at registration
- cash or cheque

### **4. Scout T-shirts**

From 2017, all scouts attending camp will be required to wear scout T-shirts when not in full uniform. If you don't have a Dziugo Tunto Tee shirt they can be purchased for **\$10 each**.

### **5. Travel to and from stovykla**

Estimated travel time from Lithuanian House in North Melbourne is 51 minutes, a distance of approximately ~60 km northeast of the city. Travel to and from stovykla is by own arrangement and cost.

### **6. How to get to stovykla**

Treetops Scout Camp, 140 Royal Parade  
Riddells Creek VIC 3431

### **7. Further information**

**For scouts sleeping in tents:** due to our new tents being floored, we ask that only rollout mats and self-inflating mats be used. **No stretchers will be allowed anymore.**

During the camp, there may be activities away from the campsite. Travel to and from offsite activities will be by private cars or bus.

**Stovykla will officially close on Sunday 8<sup>th</sup> Jan 2017 at 12 noon.**

## 8. What to bring

Scout tie	Full scout uniform (shirt, shorts/skirt, socks, shoes)	Walking shoes & runners
Jumpers/jacket	Shorts	Long pants (jeans, tracksuit pants)
T-shirts	Underwear	Socks
Bathers	Hat	Sunglasses
Raincoat	Sunscreen	Insect repellent
Camping mat/air mattress	Sleeping bag	Pillow
Eating utensils in dish bag (cutlery, plate, bowl, cup, dish cloth)	Drink bottle	Torch & spare batteries
Toiletries bag (soap, shampoo, toothbrush, toothpaste, etc.)	Towel(s)	Plastic bag for dirty clothes
Old clothes and old shoes for muddy activities	Pens/pencils & notepad	Camera (if desired)

**Also, for this camp, we will be holding a “talentų vakaras” (talent night) on the first night. If desired, please bring along something that will help show your hidden talents e.g. musical instruments, costumes, props.**

## 9. What NOT to bring

Weapons (firearms, knives, etc.)	Fireworks/pyrotechnics	Illicit drugs
Alcohol	Cigarettes	Valuable possessions (e.g. jewellery)
Electronic devices (mobile phones, music players, games, etc.)	Lollies, sweets, chewing gum, etc.	Food

**Any of the above items found will be confiscated until the end of camp.**

Other personal property brought into the campsite shall be at the scouts' own risk.



Dziugo  
Tuntas

## PERSONAL INFORMATION RECORD

(Please fill in the details with dark coloured ink)

Registration Number:

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Event: \_\_\_\_\_ Date/s of Event: \_\_\_\_\_

NAME: Surname: \_\_\_\_\_ Given / Preferred Name: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ Email: \_\_\_\_\_

Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_ Telephone No. \_\_\_\_\_

PERSONAL: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age at Activity: \_\_\_\_\_ Gender: Male ☐ Female ☐

Medicare No: \_\_\_\_\_ Ancillary Benefits Cover: Yes ☒ No ☐

Family sequence No. \_\_\_\_\_ Medicare Card expiry date: ...../...../..... Ambulance Ins Number \_\_\_\_\_

Private Health Insurer: \_\_\_\_\_ Private Health Ins Number \_\_\_\_\_

GROUP DETAILS SECTION GROUP DISTRICT REGION

### EMERGENCY USE: Details of the Parents/Guardians where they can be contacted during the activity

NAME: \_\_\_\_\_ Relationship: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Suburb: \_\_\_\_\_ Mother's Mobile: \_\_\_\_\_ Home: \_\_\_\_\_

Postcode: \_\_\_\_\_ Father's Mobile: \_\_\_\_\_ Business: \_\_\_\_\_

In an emergency, if we cannot contact you, whom else can we contact? Name & Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

### HEALTH STATEMENT

If the participant suffers from any chronic or recurrent ailment, allergy or physical incapacity, it should be disclosed so that we are aware of the fact

A. Does the participant suffer from any physical or other disabilities or ailments? ☐ Yes / ☐ No If yes, please specify: \_\_\_\_\_

B. Does the participant suffer from

Asthma? <input type="checkbox"/> Severe / <input type="checkbox"/> Mild	<input type="checkbox"/> Yes / <input type="checkbox"/> No	Explanation/Medication: _____
Diabetes? <input type="checkbox"/> Type 1 / <input type="checkbox"/> Type 2	<input type="checkbox"/> Yes / <input type="checkbox"/> No	
Epilepsy? <input type="checkbox"/> Severe / <input type="checkbox"/> Mild	<input type="checkbox"/> Yes / <input type="checkbox"/> No	
Dizzy Spells or Black outs? _____	<input type="checkbox"/> Yes / <input type="checkbox"/> No	
Bed Wetting? _____	<input type="checkbox"/> Yes / <input type="checkbox"/> No	
Sleep Walking? _____	<input type="checkbox"/> Yes / <input type="checkbox"/> No	
Travel Sickness? _____	<input type="checkbox"/> Yes / <input type="checkbox"/> No	
Migraine Headache? _____	<input type="checkbox"/> Yes / <input type="checkbox"/> No	

C. Does the participant have any known Allergies? ie Penicillin, bee sting, bites, egg, hay fever, other food, drug or other environmentally related allergy. ☐ Yes / ☐ No If yes, please specify: \_\_\_\_\_

D. Does the participant have any Medications on this activity? ie Injection/tablet/capsule Penicillin, Insulin, Ventolin, EpiPen®, other drugs ☐ Yes / ☐ No

Name of Drug: \_\_\_\_\_  
 Dosage: \_\_\_\_\_  
 Reason or Cause: \_\_\_\_\_  
 How Often Administered: \_\_\_\_\_  
 Administered by Whom: \_\_\_\_\_

In the case of a Youth Member, please hand the medication—CLEARLY labelled with the child's name & dosage instructions—to the Leader in Charge of the Youth Member

E. Is there any further information you consider to be important and about which we have not asked above and of which we should be aware (including special dietary requirements): ☐ Yes / ☐ No If Yes, please specify \_\_\_\_\_

F. Analgesics: In the event of your child requiring the administration of an analgesic (eg. Panadol), do you HEREBY CONSENT to your child being given the recommended child dosage of Paracetamol or Panadol? ☐ Yes / ☐ No If YES, please sign here: \_\_\_\_\_

G. Details of last Anti-Tetanus injection: Year of Original Injection \_\_\_\_\_ Year of last booster injection \_\_\_\_\_

I hereby Authorise the Leader in Charge of the above activity, in circumstances where it is not possible or it is impracticable to communicate with me, to seek for my child, such Surgical, Medical or Dental treatment as a qualified Surgeon, Medical or Dental Practitioner may consider to be necessary (including the transfusion of blood) and I hereby Consent to such treatment. I have read and understand the Privacy Notice overleaf.

Date: \_\_\_\_\_ Signed: \_\_\_\_\_ (Parent / Guardian)

This form is to be filled out by participant if over 18 years old, or by Parent/Guardian, taken to the event or handed to the Leader in Charge before you leave.