



PDB **TEAM**
X-TREME

DEVELOPMENT PROGRAM 2011/12

"BUILDING BETTER LIFESAVERS FOR THE FUTURE"



*Information Pack /
Registration Forms*



OCTOBER 2011 – APRIL 2012

Point Danger Branch is providing the opportunity for teen members to participate in the Development Program “PDB Team X-Treme” beginning in October 2011.

PDB Team X-Treme will be focusing on teen members that are passionate for helping the community. Participants will have the opportunity to gain qualifications and experience in all services of Surf Life Saving. This includes visits to our radio operators support unit - Surf Com and also visits and demonstrations of the wave runner, jet rescue boat, off shore rescue boat and the rescue helicopter.

OBJECTIVES

“To build better lifesavers for the future.”

- To provide teen members the opportunity to engage in the wide range of rescue services available within Surf Life Saving and see how each craft plays an important role in the community.
- To provide a program to benefit the individuals participating by helping them to discover and achieve their desired goals and give direction on different services available within Surf Life Saving.
- To provide the opportunity for teen members to develop leadership skills and greater their knowledge and skills within Surf Life Saving.

OUTCOMES

On completion of the program, participants will gain the following awards:

- Radio Operators Certificate
- Operational First Aid
- IRB Crew Certificate
- ART (Advance Resuscitation Techniques)
- Silver Medallion – Basic Beach Management

WHO CAN ATTEND

- This program will be focused towards members aged from 15 – 18 years that are motivated and passionate about being a lifesaver and have special interests within Surf Life Saving other than competition. (Surf Sport Competitors are welcome; however we require full commitment and availability on application.)
- Members must be a registered financial member of a Point Danger Branch Club and hold a minimum of a Bronze Medallion. Participants must be 15 years of age prior to the commencement of the program in October 2011.
- There are 66 places available and each club has been allocated 6 positions.

CAMP PROGRAM

PDB Team X-Treme requires commitment and availability from each participant during the 7 month program.

MONTH	PROGRAM	CLUB	DATE
OCTOBER	Introduction Night	BIL	7/10/11
	IRB Crew Training	*All Clubs	16 th , 23 rd , 30 th Oct 2011
NOVEMBER	10 Pin Bowling	Burleigh	18/11/11
	Radio Operators Certificate	PDB	20/11/11
	Visit to Surf Com	NBU	
	Nutrition Talk	PDB	
	Police Talk – Social Behaviour	PDB	
DECEMBER	Operational First Aid	TUG	13/12/11
JANUARY	Silver Medallion – Basic Beach Management	PAC	10/01/12
	ART Award	TUG	22/01/12
FEBRUARY	Intro to Ops Support	PDB	11/02/12
	IRB,WR,JRB,ORB		
MARCH	Disaster Presentation	TAL	24/03/12
	Heli Awareness		
	Heli Visit		
APRIL	Surf Comp - Coolmountbay	TH&C	15/04/12
	Heli Demo		
	Presentation Night	CUR	

*Participants from each club will gain their IRB Crew Certificate in cluster groups. See Below:

- RBY/TH&C/CLG = Training at TH&C
- KIR/NKI/BIL = Training at North Kirra
- TUG/CUR = Training at Currumbin
- PBQ/PAC/TAL = Training at Pacific

HOW DO YOU REGISTER?

To register for PDB Team X-Treme, participants will need to complete:

- **Application Form**
- **Medical Form**
- **Helicopter Consent Form**
- **Parental Consent Form**
- **Participants Profile**

These forms need to be completed and signed, as well as endorsed by your club.

PARTICIPANTS FEES

There are no fees!! PDB Team X-Treme is free to all participants. All meals during courses will be provided. If participants wish to purchase extra food and drink during social outings, this can be done at the individuals cost.

REGISTRATION CLOSING DATE:

FRIDAY 16th SEPTEMBER 2011

Please ensure your nominations are in prior to this date to allow for efficient completion of all administration and program planning.

NOTIFICATION OF SELECTION

Participants will receive a letter of acceptance via mail, outlining further details of the program.

ANY QUESTIONS?

If you have any further questions or queries, please do not hesitate to contact Point Danger Branch Development Officers –

Northern Region: Kat Atkins on 0419 477 624

E: kathryn.atkins@sqsqpointdanger.com.au

Southern Region: Rachael Duke on 0409 121 090

E: rachael.duke@sqsqpointdanger.com.au

Alternatively please contact the office on 07 55 346 077 or E: pdbsurf@bigpond.com.au



Application Form

Participant

Name: Gender: Male / Female
Given Name(s) Surname

Club: SLSC Date of Birth: / /

Home Address:
State: Postcode:

Postal Address:
State: Postcode:

Home Phone #: Mobile #:

Email:

EMERGENCY CONTACT

Next of Kin: Relationship:

Home Phone #: Mobile #:

Email:

CLUB INVOLVEMENT

Membership Category: Number of years involved in SLS:

Surf Life Saving Awards held:

Surf Life Saving Awards you would like to gain in the future:

CLOTHING SIZE (please circle)

— Mens Size Shirts: XS S M L XL XXL Ladies Size Shirts: 8 10 12 14 16 Other Size: _____ —

SIGNATURE

I give permission for to attend the PDB Team X-Treme Development Program 2011/12 and fully understand the expectations of the Program.

Applicant's Signature

Date

Parent/Guardian's Signature

Date

CLUB ENDORSEMENT

Name:

Position in Club:

**Club Endorsement
Signature:**

Date:

All of the personal details are to enable prompt contact to be made with the appropriate person in the event of an emergency and are **STRICTLY CONFIDENTIAL**



Medical Form

Participant

MEDICAL INFORMATION

I am up to date with Immunisations?

YES NO UNSURE

Date of Last Anti-Tetanus Injection

Do you suffer from any of the following?

Allergic condition (inc. food)

A disability or chronic illness

A current illness (e.g. flu)

Epilepsy, fits or blackouts

Diabetes

Other

Skin condition

Asthma

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

Medicare Number

Private Health Insurance Company

Are you insured against accidents for activities other than the SLS Insurance Policy?
(If yes, please indicate the name of the company)

Is there any other relevant medical history?

Do you have any special dietary requirements?

DECLARATION

I hereby authorise the obtaining on my behalf of such medical assistance as I may require in the event of accident or illness. I authorise the administering of such medical treatment including the use of anaesthetic, as may be deemed necessary by the Medical Officer attending. I agree to pay the cost of any such medical assistance and any associated costs and expenses and to reimburse Surf Life Saving Queensland Inc. for any such costs and or expenses incurred.

Parent/Guardian Signature

Date



Parental Consent Form

Participant

DECLARATION

I hereby give my consent for my child/children

List Name

to participate in any activity arranged, or participated in, by Surf Life Saving Point Danger Branch during the ensuing twelve (12) months from the date of the agreement; and I hereby give my permission for my child/children to use such known forms of transport for such travelling as may be deemed necessary.

I agree that, during the period(s) of the aforesaid activities in which my child/children participates, and during such travelling and other activities as may be deemed necessary, my child/children shall be under the sole direction of the person(s) duly appointed in charge of the squad(s) and/or team(s) in which he/she is included.

Junior members are covered by the Associations personal accident policy that provides coverage for Non-Medicare Medical Expenses (i.e. dental, physiotherapy) subject to a limit of \$5,000 and these expenses must be incurred within 12 months of sustaining injury

Parent/Guardian's Signature

Date



Photograph Consent Form

I/we, _____, consent to the use of the name/s and/or image of myself/my child/ren (*strike out as applicable*) for the scope of use as set out below.

Full Name/s of participant/s & date of birth: _____

Address: _____

Suburb: _____ **Postcode:** _____

Phone: (H) _____ **(M)** _____

Surf Life Saving Club: _____

Event/activity participating in: _____

DECLARATION

I consent to Point Danger Branch Surf Life Saving Association Inc (ABN 92 354393 210) ("PDB") using my name, image and/or quote for any PDB internal and/or non-commercial external promotion, education or research purposes and that all proprietary rights including intellectual property rights of any image, photograph or likeness of me will be owned by PDB.

I agree that my name, image and/or quotes may be used in any medium including but not limited to provision of footage to the media.

I acknowledge that this permission does not extend to the inclusion of my name, image and/or quote in advertising or via paid endorsement without separate approval for this specific purpose.

If participant is over the age of 18 years:

Name: _____

Signed: _____

Date:/...../.....

Participant

If participant is under the age of 18 years:

Name: _____

Signed: _____

Date:/...../.....

Parent/Guardian

STUDENT RECORD FORM

1. Student Details (Please Circle)

Mr. Mrs. Miss. Ms. Other (Please Specify) _____

Family Name : _____

Given Names : _____

Postal Address : _____

Contact telephone Number : _____

Male Female Date of Birth : ____ / ____ / ____

2. The person to contact in the event of an emergency

Contact Name : _____

Contact Telephone Number : _____

3. Any Known Medical conditions and/or Regular Medication

4. Do you speak a language other than English at Home? NO YES (Other Language Spoken)

5. Is your English easily understood by others? YES NO

6. Do you have any permanent disability? _____

7. Do you need any special assistance in classes? NO YES (Please advise the crew conducting the course)

8. Student's declaration (Please Read Carefully)

I hereby certify the particulars herein are correct and I acknowledge that the facilities made available for my use will be used only in accordance with the principles of proper use and relevant rules.

Signature : _____

Date : _____

SLSQ Aviation Policy

01 December 1999

APPENDIX 13

SLSQ HELICOPTER

DISCLAIMER OF LIABILITY

SLSQ will only allow persons other than its employees or fare paying passengers to travel in/under any helicopter owned or operated by it or on its behalf on the condition that such persons do so entirely at their own risk.

Neither SLSQ nor any of its related corporations nor any of its or their officers, employees or agents is liable for any injury, loss or damage suffered by any person as a direct or indirect consequence of flying in/under a helicopter owned or operated by SLSQ or any of its related corporations whether caused by negligence, mistake or otherwise.

SLSQ makes the stipulations in the preceding paragraph on behalf of each of its related corporations and its and their offices, employees and agents, and each passenger in a helicopter owned or operated by SLSQ or any of its related corporations agrees, as a condition and in consideration of being carried as a passenger on that helicopter, that he or she will not bring or be a party to or assert any claim, counterclaim or set-off against any of them at variance from the protection sought to be extended to them by this disclaimer of liability.

I have read the disclaimer of liability set out above and agree that it applies to any and all flights undertaken by me as a passenger on any helicopter owned or operated by SLSQ or any of its related corporations.

PARENTAL CONSENT (to be completed if the child is under 18 years of age)

I hereby certify and declare that I am the parent/legal guardian of the below mentioned and that I consent to the carriage under the terms and conditions as aforesaid and agree to give the indemnity referred to herein in every respect as though I am the passenger.

NAME (block letters)

PARENTS NAME (where applicable)

SIGNATURE

SIGNATURE

DATE

DATE