



Conduit Martial Arts

2021 Summer Camp

Location: Barry's Reef Scout Camp, 10 Mechanics Lane, Barry's Reef VIC 3458

Training purpose of the program:

This camp is part of the CMA instruction program. It strengthens relationships between students and instructors and build a sense of identity within the members of the school. This camp builds upon students knowledge and understanding of their Hapkido techniques and will be counted toward their future rank.

We will be surrounded by the iconic Australian bush, and its native wildlife. The campgrounds have basic kitchen facilities, hangar style sleeping sheds, toilets, showers and plenty of open space for Hapkido training.

Students will have the opportunity to undertake a minimum of 12 hours of Hapkido training, scheduled in two-hour sessions across Saturday and Sunday. The camp is fully catered, with breakfast, lunch, dinner and afternoon tea provided. On the Sunday, once we have all packed up, we will head into the Blackwood Pub for a meal to conclude our weekend away.

Places are limited to students age 13yrs + in the Adult's Classes only. Students under 18 years of age, are invited and will be under the care of Camp Instructors. The purpose of the camp is to create a completely immersive Hapkido experience for the students participating, as such we are not able to cater for families or spectators during the weekend. We apologise for any inconvenience this may cause; however, our priority is to provide the best possible experience for our students.

Details of Instructors:

CMA Master Nicholas Conduit, Instructor Carolyn Thomas, Administrator Elly Conduit.

Cost: \$250 Full Weekend Friday–Sunday / Saturday only \$150

Payment Due: Friday 19 February 2021

Name and contact details of the 24-hour emergency contact:

Nicholas Conduit	0402 232 717
Elly Conduit	0401 322 218

Arrival details:

Friday 26 February, no earlier than 5pm.

Free parking is available on-site.

Return details:

Sunday 28 February, approximately 4pm.

Distance from expert medical care:

- Bacchus Marsh and Melton Regional Hospital (34 km or 28 minutes drive);
- Djerriwarrh Health Services (34km or 28 minutes drive);
- Melton Health Services (48 km or 36 minutes drive);

Accommodation arrangements:

The Scout facility provides two aircraft hangar style dormitories with approximately 4 bedrooms with up to 4 bunk beds in each room. Students may bring a tent if they would prefer to sleep outdoors. Onsite there are kitchen facilities, and all meals will be provided by Elly Conduit. Cleaning will be shared between all participants following each meal.

Travel arrangements:

Students will be responsible for travelling to and from the Barry's Reef Scout Facility. Car-pooling is encouraged and must be arranged by students.

Training Clothing:

Throughout the weekend, students will be alternating their training in traditional Hapkido dobok (uniform) and tracksuit pants and t-shirt. We encourage students to bring multiple changes of each, if possible.

DAILY PROGRAM**Day 1****FRIDAY**

Any time after 5pm	Arrive, unpack and settle into rooms.	
6:30pm	BBQ Dinner at Barry's Reef Scout Camp	Sausages, Chops, Chicken wings, Hamburgers, Salads Juice, Soft Drink, Tea & Coffee

Day 2**SATURDAY**

6:30am	Sunrise Training : An opportunity to center yourself for the weekend ahead.	
9:00am	Breakfast	Cereal, Toast, Fruit Juice, Tea & Coffee
10:00am – 12pm	Morning Training	
12pm	Lunch	Salad Rolls Juice, Tea & Coffee
1pm – 3pm	Afternoon Training	
3pm	Afternoon Tea	Biscuits, Cakes Juice, Tea & Coffee
5pm – 7pm	Late Afternoon Training : Close the day of training	
7pm	Dinner	Lasagne, Garlic Bread Juice, Soft Drink, Tea & Coffee
9pm	Supper	Biscuits, Cakes Tea & Coffee

Day 3**SUNDAY**

6:30am	Sunrise Training	
8:30am	Breakfast	Cereal, Toast, Fruit Juice, Tea & Coffee
9:30am – 11:30am	Morning Training	
11:30am	Pack Up	
1pm	Lunch	Blackwood Pub (students to purchase own meal)

Please note Itinerary may change to due to poor weather and program changes.

CLOTHING AND PERSONAL EQUIPMENT LIST

General considerations

Clothing taken for outdoor programs should allow students to be comfortable and protected in a range of conditions, regardless of the season. Clothing that is quick drying and resistant to damage is ideal. Clothing should fit the person well. Practicality is the emphasis rather than a fashion statement. Unsuitable or ill-fitted clothing can impair student participation and may be hazardous.

Note: Students under 18 must not bring alcohol or cigarettes. All medication must be documented on the medical form. Illegal substances or weapons will not be tolerated, discovery of such items will result in immediate expulsion from the training camp.

Clothes

- Dobok (minimum 1)
- Training shirts/singlets x 3 - 5
- T-shirts x 2 or 3
- Underwear x 4 sets
- Socks x 4 pairs
- Pyjamas
- Sun Smart Hat
- Tracksuit pants x 1 or 2 pairs
- Long pants x 1 or 2 pants
- Shorts x 1 or 2 pairs
- Jumper – x 1 minimum
- Warm jacket
- Sunglasses (optional)
- Runners
- Thongs

Sleeping

- Sleeping bag or Doona
- Pillow
- Fitted single sheet

Toiletries

- Soap
- Toothpaste/toothbrush
- Deodorant
- Shampoo & conditioner
- Sunscreen
- Insect repellent
- Towel
- Training/Sweat towel x3

Personal Equipment

- Torch/Head Lamp
- Personal medical requirements including asthma puffer/s
- Personal cash/EFT card for Sunday lunch
- Camera/Phone
- Deck of cards/board games (optional)

Training Equipment

- Wooden Sword
- Training Knives (if owned)
- Wooden Staff

Note

All personal items and baggage should be clearly marked with the owner's name. This helps us locate the owner of lost items.

Please be aware that there is risk of damage and/or loss of valuable items. If you choose to take valuable items on camp, we do not accept any responsibility for loss or damage of such items.

Please return from this page onwards.

2021 CMA Hapkido Summer Camp

Student Name: _____ (full name) will be attending the 2021 CMA Hapkido Summer Camp from Friday 26 February to Sunday 28 February 2021.

Consent and Medical Forms to be returned

I have read all the above information provided by the school in relation to the CMA Hapkido Summer Camp, including any attached material.

Student behaviour/Code of Conduct

'I understand that in the event of my child/my behaviour poses a danger to myself/my child or others during the weekend, he/she/I may be sent home. I further understand that in such circumstances I will be informed, and that any costs associated with my return will be my responsibility.'

Photograph consent

I consent to my child/myself being photographed and/or visual images of my child/myself being taken during activities by CMA for use in the school's publications, school's website or for publicity purposes without acknowledgment and without being entitled to any remuneration or compensation.'

Consent for emergency transportation

In the event of an emergency I consent to my child/myself being transported to the most practical medical facility in a privately-owned vehicle driven by a member of the instructors listed above, or by way of an Ambulance.

Student accident insurance

Conduit Martial Arts provides student accident cover during all martial arts related events conducted at Conduit Martial Arts Centre or at an official seminar or event. Should you wish to receive a copy of the Product Disclosure Statement, please contact the Office.

I have read all of the Camp Information and agree to abide by the student code of conduct at all times.

☐

Full Weekend

☐

Saturday Only

☐

I will / My child will be joining other students for lunch at the Blackwood Pub on Sunday 1 March.
The cost of the meal is not included in the Camp cost.

Paid \$ _____

Method of Payment (please circle)

DIRECT DEPOSIT/CASH/EFT

NAB Bank: Nicholas Conduit

BSB: 083 532

Acc: 872404694

Please quote student surname with payment

Payment Plans are available by Cash Only and can be paid by instalments only with prior arrangement with Nick or Elly Conduit and must be paid in full by Wednesday 19 February.

Confidential Medical Information

CMA will use this information if you/your child is involved in a medical emergency. All information is held in confidence. This medical form must be current when the program is run.

Program name: CMA 2021 Hapkido Summer Camp

Student's full name:

Student's Mobile Number:

Student's address:

Postcode:

Date of birth:

Parent/guardian's full name (if under 18):

Name of person to contact in an emergency (nominate 2 (TWO) emergency contacts:

(1) _____
Emergency telephone numbers: *After hours* _____ *Business hours* _____

(2) _____
Emergency telephone numbers: *After hours* _____ *Business hours* _____

Name of family doctor: _____

Address of family doctor: _____

Medicare number:

Medical/hospital insurance fund:

Member number:

Please note CMA recommends that all students have ambulance cover whilst on the camp as it can be quite expensive (upwards of \$10,000.00) for an emergency transport if required. Please check with your Health care provider if you have private health for the amount of coverage.

Ambulance subscriber? ☐ Yes ☐ No If yes, ambulance number: _____

If under 18, is this the first time your child has been away from home? ☐ Yes ☐ No

Please tick if you/your child suffers any of the following:

- | | | |
|---|--|---|
| <input type="checkbox"/> Asthma (if ticked complete Asthma Management Plan) | <input type="checkbox"/> Bed wetting | <input type="checkbox"/> Blackouts |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Dizzy spells | <input type="checkbox"/> Heart condition |
| <input type="checkbox"/> Sleepwalking | <input type="checkbox"/> Travel sickness | <input type="checkbox"/> Fits of any type |

☐ Other: _____

Allergies

Please tick if your child is allergic to any of the following:

☐ Penicillin ☐ Other Drugs: _____

☐ Foods: _____

☐ Other allergies: _____

What special care is recommended for these allergies? _____

Year of last tetanus immunisation: _____

(Tetanus immunisation is normally given at five years of age (as Triple Antigen or CDT) and at fifteen years of age (as ADT))

Dietary Restrictions

Medication

Are you/your child taking any medicine(s)? ☐ Yes ☐ No

If yes, provide the name of medication, dose and describe when and how it is to be taken.

If you are under 18, all medication must be given to Elly Conduit upon arrival. All containers must be labelled with your/your child's name, the dose to be taken as well as when and how it should be taken. The medications will be kept by the staff and distributed as required. Inform the Instructors if it is necessary or appropriate for your child to carry their medication (for example, asthma puffers or insulin for diabetes). A child can only carry medication with the knowledge and approval of staff.

Medical consent

Where the staff is unable to contact me, or it is otherwise impracticable to contact me, I authorise staff to:

- Consent to myself/my child receiving any medical or surgical attention deemed necessary by a medical practitioner.
- Administer such first-aid as staff judges to be reasonably necessary.

Name of Student attending 2021 CMA Summer Hapkido Training Camp _____

Consenting Signature (parent/guardian if under 18) of named above _____

Date: _____

Asthma Management Form

The following confidential information is required to assist in the proper management of a child's asthma, if such help is needed. Please complete and attach to the Medical Consent form. For more information on Asthma see the Asthma Foundation www.asthma.org.au.

Student's name:

School: **Conduit Martial Arts Centre**

Usual signs of asthma: ☐ Wheezing ☐ Chest tightness ☐ Coughing ☐ Difficulty breathing ☐ Difficulty speaking

☐ Other

When completing this form please seek the advice of the asthmatic's doctor if necessary.

1. Usual maintenance regime or medical program followed:

Name of Medication **Method** (eg. Puffer & spacer, turbohaler) **When and how much?**

Does the child require assistance to take their medication? ☐ Yes ☐ No

2. Peak flow readings: BestCritical(bring own peak flow meter)

3. Signs of worsening asthma: ☐ Wheezing ☐ Chest tightness ☐ Coughing ☐ Difficulty breathing ☐ Difficulty speaking ☐ Other:

Medication and treatment to be used during worsening asthma:

4. Medication and treatment to be used during crisis situations:

See Asthma First Aid Plan attached on page 2.

5. List any known asthma trigger factor(s):

6. Has the person been admitted to hospital due to asthma in the past 12 months? ☐ Yes ☐ No

7. Has the person been on oral cortisone for asthma within the past 12 months? (e.g. Prednisolone, Cortisone, Betamethasone etc) ☐ Yes ☐ No

8. Has the person ever suffered sudden severe asthma attacks requiring hospitalisation? ☐ Yes ☐ No

Important Notes

If you have answered "yes" to questions 6, 7, or 8 then the decision for the person to participate rests with the child's doctor. The process in such situations is as follows:

- the person's doctor or parents/guardians (if a student) may contact the school Principal for further information on the program and support available;
- a letter from the student's doctor, stating the doctor's decision must accompany this form.

I declare that the information provided on this form is complete and correct.

Student Name: _____ **Date:** _____

Phone contact(s): _____

Signature (parent must sign if student under 18): _____

Coronavirus (COVID-19) Health Questionnaire



**Each member should complete this questionnaire before attending the scheduled event.
Please provide your completed questionnaire to the administrator to keep as a record.**

Student name: _____

Date of event: _____

Are you currently required to be in isolation because you have been diagnosed with coronavirus (COVID-19)?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you been directed to a period of 14-day quarantine by the Department of Health and Human Services as a result of being a close contact of someone with coronavirus (COVID-19)?	<input type="checkbox"/> YES <input type="checkbox"/> NO

If you answered YES to either of the above questions you should not attend work until advised by the Department of Health and Human Services that you are released from isolation or until your 14-day quarantine period is complete.

If you answered **NO** to the above questions, proceed to the symptom checklist below.

Are you experiencing these symptoms?

Fever (If you have a thermometer, take your own temperature. You are considered to have a fever if above 37.5°C)	<input type="checkbox"/> YES <input type="checkbox"/> NO
Chills	<input type="checkbox"/> YES <input type="checkbox"/> NO
Cough	<input type="checkbox"/> YES <input type="checkbox"/> NO
Sore throat	<input type="checkbox"/> YES <input type="checkbox"/> NO
Shortness of breath	<input type="checkbox"/> YES <input type="checkbox"/> NO
Runny nose	<input type="checkbox"/> YES <input type="checkbox"/> NO
Loss of sense of smell	<input type="checkbox"/> YES <input type="checkbox"/> NO

If you answered **YES** to any of the above questions you should not attend the event.

If you answered **NO** to all the above questions, you can attend the event.

If you develop symptoms, stay at home and seek further advice from the 24-hour coronavirus hotline 1800 675 398 or your general practitioner.

Student Signature: _____ Date: _____

* Date of Signature must be within 5 days of scheduled event