



## CAISC TRAINING CAMP JULY 2017

This will be a training camp with a team of skaters (range of abilities) and coaches from South Korea.

### CAMP DETAILS:

**Option 1**                      8-19 July in Dunedin (Dunedin Championship 15-16 Jul)

**Option 2**                      14-19 July in Dunedin (Dunedin Championship 15-16 Jul)

**TRAINING:**                      There will be up to 3 hours ice training per day, plus off-ice training.

**COACHING:**                      Coaching will be under the direction of the coaches from South Korea.

**ACCOMMODATION:** Dunedin Holiday Park

**Accommodation is limited so please register early**

**REGISTRATION:** Please send your completed camp registration form to [feinnid@gmail.com](mailto:feinnid@gmail.com) by 26 May 2017, and make payment no later than 9 June 2017 to:

**CAISC account: ANZ 010 822 0045005 00**

**Reference: *skater's name and July camp***

**PLEASE NOTE:** separate entry forms need to be completed for both the Dunedin and South Island Championships.

Any further questions please contact Eileen Whiteside at [eileen@whiteside.email](mailto:eileen@whiteside.email) or (+64) 0210395104.

# CAISC JULY 2017 TRAINING CAMP REGISTRATION FORM

## Skater Details:

Skater's Name: \_\_\_\_\_ Skater's mobile: \_\_\_\_\_

## Emergency contacts:

1) Name: \_\_\_\_\_ Ph : \_\_\_\_\_ Mobile: \_\_\_\_\_

Relationship to skater:(eg. Mother, Father, Auntie) \_\_\_\_\_

2) Name: \_\_\_\_\_ Ph : \_\_\_\_\_ Mobile: \_\_\_\_\_

Relationship to skater: \_\_\_\_\_

**Dietary Requirements:** Vegetarian / Lactose Intolerant / Dairy Free / Gluten Intolerant / Peanuts / Other;  
please state:

\_\_\_\_\_

With special dietary requirements, we will cater for one evening meal, but you may wish to provide any additional special foods. In the event of a life threatening food allergy please note this under "medical".

## Medical and Health:

Asthma. Yes/No \_\_\_\_\_

Life threatening food allergy Yes/No \_\_\_\_\_

Other conditions, please identify Yes/No \_\_\_\_\_

Treatment Details if applicable \_\_\_\_\_

Any Medication being sent (please specify) \_\_\_\_\_

I authorise the obtaining of medical attention and give permission for my child (or me if skater is over 18 years of age) to receive non-prescription medicine e.g. paracetamol, throat lozenges etc. if in the opinion of the caregiver this is necessary.

I confirm that the health and personal circumstance details are complete and correct and agree to reimburse CAISC for any expenses incurred relating to the medical treatment of my son/daughter/myself (if skater over 18 years of age).

PARENT /GUARDIAN'S SIGNATURE (or signature of skater if over 18 years of age)

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Name: \_\_\_\_\_

### Camp consent and behaviour

I \_\_\_\_\_ agree to follow the coaches instructions and the CAISC code of conduct. I acknowledge that speed skating is a high risk sport and I will use appropriate safety equipment. I accept that CAISC is not liable for any injury or loss which may occur.

SIGNATURE OF SKATER \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE OF PARENT OR GUARDING (if skater is under 18 years of age)

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#### Costs:

#### Paid:

Option 1*	\$650.00	\$ _____
Option 1A (camp only 8-19 Jul)	\$160.00	\$ _____
Option 2*	\$300.00	\$ _____
Option 2A (camp only 17-19 Jul)	\$80.00	\$ _____

\*Includes accommodation and meals in Dunedin. Option 1A and 2A are available for those who do not need accommodation or food to be provided in Dunedin.

**Camp Registrations are due no later than 26 May 2017**

**Payment is due no later than 9 June 2017**