



Queensland Association for Gifted and Talented Children Inc.
 Challenge 2018 - Workshops for the Gifted

Please complete the Parent or Guardian details below.

(If handwriting, please write neatly)

First Name:

Last Name:

Email Address:

Mailing Address:

Town/Suburb:

Postcode:

Phone:

Contact # during workshop:

Please complete child/children details and enter suitable activities.

Children full name/s School grade 1st Day code 2nd Day code 2 Day code

Non Members per Child per Day \$77.00 each
 Current Financial Members per Child per Day\$66.00 each
 Members - 2 or more children on the same day, per Child per Day\$55.00 each

Please Note for workshop **24T56** and **25W56** there is a \$10.00 levy per person.
 So add \$10.00 to the day cost per person.

Total Amount Enclosed (10% GST is included: QAGTC Inc. ABN 46 866 103 154)

NB: All registrations and fees must be received by Monday 19th June 2018

PAYMENT OPTIONS

1. Cheque: Please make cheques payable to QAGTC Inc. and return with all forms.
2. EFT: EFT Deposit to QAGTC - Commonwealth Bank - BSB 064000 A/c 1382 9830
3. Credit Card: Please complete details below.

Payment Type:

If Credit Card, Please complete the following:

Parent Name

1st Child Name

Card Holder Name

Card Numbers

Visa or Master Card

Exp. (mm/yy)

Security Code

Total Paid

NOTE: If you are using credit card payment and emailing, you may wish to use the passworded version.

CONSENT AND MEDICAL FORM

Please complete this form as required. If additional pages are needed please complete an extra form.

I _____ (parent/guardian name) as parent/guardian of _____ (student name), give my consent for him/her to participate in the chosen workshop/s and agree to delegate my authority to the leaders involved. Such leaders may take whatever action they deem necessary to ensure the safety, well being and successful conduct of the students as a group, or individually. In the event that my child damages or destroys property belonging to another person, I undertake to pay the cost of repairs or replacement as necessary.

I also authorise the leaders to obtain such medical assistance as they deem necessary should an accident occur, and agree to pay all medical expenses, including ambulance and pharmaceutical costs, incurred on behalf of the above student.

I submit the following medical information about the above student and include details of any limitations to be observed for the activity concerned.

QAGTC publishes Mindscape, a magazine for its members, which includes work by gifted children. Children whose work is published in Mindscape will receive a copy of the magazine and the opportunity to see their work in print! Please indicate below whether you and the participating student provide permission for QAGTC to use materials from Children's Challenge in the Mindscape magazine.

We give permission for copies of this student's work to be used in Kidscape/Mindscape.

We give permission for photographs of activities that include this student to be used in Kidscape/Mindscape.

Signed: _____ Date: _____
 (parent/guardian) (Type your name)

MEDICAL INFORMATION

Student Name/s _____ Date/s of Birth _____ School Year/s _____

NOTE: Please identify students with similar conditions and/or use separate page for each student with particular condition.

Medical Issue	Select to tick	Details
Heart problems		
Respiratory problems		
Allergies		
Travel sickness		
Blood pressure		
Recent operations		
Epilepsy		
Recent illness		
Injections, when given		
Drug reactions		
Drugs required		
Phobias		
Other		

Is there any medical or psychological reason to prevent your student from participating in any of the activities that are likely to be undertaken in the workshop/s?

If YES, Give details:

Medicare No: _____ Family Doctor _____ Phone: _____

Emergency Contact (Name &Address): _____

Emergency Phone: _____ Mobile: _____

If supervision of medication is required while at the workshop, please attach details indicating dosages and times and also alert QAGTC Medical Officer at registration.

INDICATION OF GIFTEDNESS FORM

QAGTC Challenge offers workshops for the gifted aimed at providing invaluable opportunities for gifted youngsters to experience the excitement of extending their learning in novel and engaging workshops where they will mix with like minds and be encouraged to explore their potential. Students are recognised as gifted when they can operate at levels of learning well above that which is normal for their age peers. Gifted education programs are designed to provide opportunities to engage with tasks achievable by students two years in advance of a gifted child's chronological age.

STUDENTS:

Remember when you select a workshop that you will be working at a level two years in advance of your current school year level.

PARENTS, PLEASE NOTE:

Some indication of giftedness, or ability to work at advanced levels in greater depth and complexity, is recommended for your child/ren to participate in these workshops. It would not be fair on the participants to nominate children who are not capable of working at advanced levels. Nor would it be appropriate to expect leaders to lower the challenge level of their workshops to accommodate children who do not have high ability. We appreciate that some gifted children may not demonstrate high achievement at school and therefore we will accept parent nomination and signature. Parents will be given a one month Interim Membership as a result of registering your child in this year's challenge and this entitles you to receive a past Mindscape Magazine and to attend a parent information session both provided on the day of challenge.

PLEASE READ AND SIGN BELOW:

I acknowledge that the Challenge workshops are designed for gifted students who are capable of attempting work (not necessarily to the extent of mastery) approximately two years in advance of chronological age. I believe that my child/ren has high ability and will accept this challenge and strive to excel in the workshop/s.

Parent/Guardian's signature:

You may simply type your name

Final Notes and Checklist

Registration: Registration, Indication of Giftedness, and Consent and Medical forms completed, plus payment – all required by Monday 19th June 2018

Forward to: Challenge 2018, PO Box 2311, MANSFIELD DC, QLD 4122
Email: office@qagtc.org.au

Enquiries: Please email all enquiries to: office@qagtc.org.au

Venue: The website has a link to a locality map. (www.qagtc.org.au)

Lunches: Children and parents to provide their own lunches. No catering facilities for Parent.

Refund Policy: Cancellations must be in writing. A \$25 administration fee applies. Any further requests for refunds will be considered by QAGTC Management Committee. Registrations are transferable upon receipt of advice in writing.

Liability: Registration fees will be refunded in full if, due to unforeseen circumstances, Challenge is cancelled, or a workshop number is too small. In the event of industrial disputation, the Challenge organisers cannot be held responsible for losses incurred by participants. Please make your own personal insurance arrangements.

Please check you have done the following:

Completed and enclosed the Registration Form.

Completed, signed and enclosed the Notes On This Gifted Program above.

Completed, signed and enclosed the Consent and Medical Form for each registered child.

Enclosed Cheque or completed Credit Card details or EFT payment details.

Noted that all lunches and drinks are your responsibility.