**![A blue circle with white text

Description automatically generated]()**Monday 2nd to Sunday October 8th 2023

Nunyara Conference Centre

5 Burnell Dr, Belair SA 5052

**CONVENTION REGISTRATION**

**Registration Checklist**

|  |  |  |
| --- | --- | --- |
| 1 | Registration Details Form completed for all Attendees (page 2).  *\*If you have more than six people in your group please complete a second copy of the relevant pages and attach them to your submission.* |  |
| 2 | Event Attendance & Cost Calculator Form completed for all Attendees (page 4). |  |
| 3 | Travel Details Form completed for any attendee requiring pick up and/or drop off from and/or to the airport (page 5). |  |
| 4 | Child Care Form completed for any family with children aged 0-12 years inclusive requiring childcare during the Medical Day and/or the Dinner Dance (page 6). |  |
| 5 | Temporary Guardian & Medical Release Form for any child/youth attendee under 18 years of age attending without their parent/Guardian (page 7). |  |
| 6 | Consent & Declaration Form for all attendees signed by the Primary Adult Attendee, Parent, or Legal Guardian (page 8). |  |
| 7 | Calculate the total cost for all Attendees you are registering on this form. |  |
| 8 | Payment (deposit or full amount payable) by bank transfer and take a screenshot of the payment receipt. |  |
| 9 | Save, scan, or take clear photos of the forms above, and email along with the screenshot of the bank receipt to [sspa2023con@gmail.com](mailto:sspa2023con@gmail.com) by **20-Aug-2023**. |  |
| 9 | Complete full payment and email screenshot of the bank receipt to [sspa2023con@gmail.com](mailto:sspa2023con@gmail.com) by **3-Sep-2023.** |  |

**Registration and Minimum Deposit of $100 per Attendee due 20-Aug-2023**

**Accommodation**

* Check-in is from 3:30 pm on Monday 2nd of October.
* Check-out is by 9:00 am on Saturday 8th of October.
* Please be aware that the accommodation provided is school camp/conference dorm style. We do our best to accommodate families, but we are not able to provide single occupancy rooms for individuals. Amenities are shared by people sharing a unit.

**Important Information for First Time Attendees**

We hope you will attend the full convention on-site *(we appreciate and respect this is not always possible)*. The SSPA Annual Convention is a unique and rewarding opportunity to meet and spend time with others in the Australian short statured community and you definitely won’t regret it (including introverts)! Many members look back on their first convention as a very worthwhile and life changing experience! Kids attending really enjoy having their scooter to ride with their new friends and are welcome to use it as a mobility aide at the convention. We are really looking forward to meeting you! 😊

*If you have any queries please contact us by email on* [*sspa2023con@gmail.com*](mailto:sspa2023con@gmail.com)

**REGISTRATION DETAILS FORM**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Street Address: | | Suburb: | | | State: | | Postcode: | |
| Phone: | | Email: | | | | | | |
|  | | **DETAILS OF ATTENDEES** | | | | | | |
|  | 1  Primary Adult | 2 | 3 | 4 | | 5 | | 6 |
| First Name |  |  |  |  | |  | |  |
| Surname |  |  |  |  | |  | |  |
| Age (if under 18, or note “Adult”) |  |  |  |  | |  | |  |
| Short Statured (SS) (please specify condition if known) |  |  |  |  | |  | |  |
| Uses a CPAP |  |  |  |  | |  | |  |
| Uses a Mobility Aide (please specify) |  |  |  |  | |  | |  |
| Requires Equipment Hire (please specify i.s., mobility scooter, shower chair, bed pole) |  |  |  |  | |  | |  |
| Dietary Requirements |  |  |  |  | |  | |  |
| Need Lower Bunk & Ground Level Unit |  |  |  |  | |  | |  |
| Cot for Baby/Toddler |  |  |  |  | |  | |  |
| Allergies |  |  |  |  | |  | |  |
| Epi Pen\*  (provide details) |  |  |  |  | |  | |  |

\*Please ensure the Epi Pen is available on-site for emergency administration during the convention.

If you need more space for any of the above items, please use this space or note that in the relevant box and attach an additional information sheet to the email with your registration submission.

|  |
| --- |
| **CONVENTION COSTS** |
| |  |  |  | | --- | --- | --- | | **Full-Time Attendees**  *(The cost is all inclusive per Attendee)* | **SSPA Members** | **Non-Members** | | Adult (13+) | $820 | $860 | | Kids (5-12) | $560 | $600 | | Young Children (0-4) | Free | Free | | **Part-Time Attendees**  *(Please note that cost of accommodation & meals are separate)* | **SSPA Members** | **Non-members** | | Adult (13+) Accommodation | $95 | $105 | | Adult (13+) Dinner | $15 | $15 | | Adult (13+) Breakfast / Lunch (price is per meal) | $10 | $10 | | Kids (5-12) Daily Accommodation | $75 | $85 | | Kids (5-12) Dinner | $15 | $15 | | Kids (5-12) Breakfast / Lunch (price is per meal) | $5 | $5 | | Young Children (0-4) Accommodation & Meals | Free | Free | | Day 2 Activity cost – Medical Day | $25 | $35 | | Day 2 Activity cost – Child Care: Medical Day (0-12) | $30 | $40 | | Day 3 Activity cost – Adelaide Zoo Adult (15+) | $42.50 | $42.50 | | Day 3 Activity cost – Adelaide Zoo Kids (4-14) | $22.50 | $22.50 | | Day 3 Activity cost – Adelaide Zoo Young Children (0-3) | Free | Free | | Day 4 Activity cost – Dinner Dance (13+) (includes bus) | $80 | $85 | | Day 4 Activity cost – Child Care: Dinner Dance (0-12) | $30 | $40 | | Day 6 Sports/Outdoor Activities Day (5-12) | $10 | $10 | |

**Age Category Definitions**

* “Young Children” are FREE, except where specified (includes all children 4 years of age & under).
* “Kids” rate starts from 5th birthday (includes children 5 to 12 years of age inclusive).
* “Adult” rate starts from 13th birthday (includes teens & adults 13 years of age & above).
* Childcare includes all “young children” and “kids” (0 to 12 years of age inclusive).

**EVENT ATTENDANCE & COST CALCULATOR FORM**

Please use the table below to calculate the costs for each Full-Time and Part-Time Attendee, and then your total cost. Please note that not all items incur a cost, but please mark if the Attendee will be participating in the free activity with “yes” for our planning purposes.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **DAY** | **DATE** | **EVENT** | **Attendees** | | | | | |
| **1** | **2** | **3** | **4** | **5** | **6** |
| Mon to  Sun | 2-8 Oct | Full-Time (Inclusive of all accommodation, meals, child care, and activity costs) |  |  |  |  |  |  |
| **Part-Time (each item is individually calculated)** | | | | | | | | |
| Mon | 2nd Oct | Accommodation |  |  |  |  |  |  |
| Dinner |  |  |  |  |  |  |
| Meet & Greet Evening |  |  |  |  |  |  |
| Tue | 3rd Oct | Accommodation |  |  |  |  |  |  |
| Breakfast |  |  |  |  |  |  |
| Medical Day |  |  |  |  |  |  |
| Child Care (0-12) |  |  |  |  |  |  |
| Lunch |  |  |  |  |  |  |
| Dinner |  |  |  |  |  |  |
| Kids Disco |  |  |  |  |  |  |
| Wed | 4th Oct | Accommodation |  |  |  |  |  |  |
| Breakfast |  |  |  |  |  |  |
| Zoo *(purchase own lunch, etc.)* |  |  |  |  |  |  |
| Dinner |  |  |  |  |  |  |
| Thu | 5th Oct | Accommodation |  |  |  |  |  |  |
| Breakfast |  |  |  |  |  |  |
| AGM |  |  |  |  |  |  |
| Kids Activity During AGM |  |  |  |  |  |  |
| Lunch |  |  |  |  |  |  |
| Kids Dinner Party (0-12) |  |  |  |  |  |  |
| Dinner Dance (13+)  *(18+ purchase own alcohol)* |  |  |  |  |  |  |
| Child Care (0-12) |  |  |  |  |  |  |
| Fri | 6th Oct | Accommodation |  |  |  |  |  |  |
| Breakfast |  |  |  |  |  |  |
| Hahndorf Village Day  *(purchase own lunch, etc.)* |  |  |  |  |  |  |
| Dinner |  |  |  |  |  |  |
| Board Games Night  *(please bring games if you can)* |  |  |  |  |  |  |
| Sat | 7th Oct | Accommodation |  |  |  |  |  |  |
| Breakfast |  |  |  |  |  |  |
| Kids Sports/Outdoor Activities |  |  |  |  |  |  |
| Lunch |  |  |  |  |  |  |
| Dinner |  |  |  |  |  |  |
| Talent Night |  |  |  |  |  |  |
| Sun | 8th Oct | Breakfast |  |  |  |  |  |  |
| **Total Cost Per Person** | | |  |  |  |  |  |  |
| **Total Cost for Your Family/Group** | | |  | | | | | |

**TRAVEL DETAILS FORM**

|  |  |  |  |
| --- | --- | --- | --- |
| Do you require pick up & transport from the  Adelaide airport?  YES / NO How many passengers? \_\_\_\_ | | Do you require transport & drop off to the Aidelaide airport?  YES / NO How many passengers? \_\_\_\_ | |
| Are you travelling with an electric wheelchair or  scooter?  YES / NO Quantity: \_\_\_\_ | | Are you travelling with a pram?  YES / NO Quantity: \_\_\_\_ | |
|  | | | |
| Arrival Date: | 2 October 2023\* | Departure Date: | 8 October 2023\* |
| Time of scheduled arrival: |  | Time you need to be at the airport  *(allow time to be checked in at least 90 minutes before your scheduled departure for domestic flights\*\*)* |  |
| Airline: |  | Airline: |  |
| Flight number: |  | Flight number: |  |
| Comments: | | | |

\*If you are a part-time attendee and require transport, please change the dates on this form.

\*\*The SSPA and/or any member assisting with airport transfers will not assume liability for the cost of missed flights due to late drop off times under any circumstances.

**CHILD CARE FORM**

Childcare will be arranged by the SSPA and provided by a licenced organisation during the Medical Day and Dinner Dance for all Young Children and Kids (0-12 inclusive) for any family who wishes to use it. You are welcome to make alternate childcare arrangements if that is your preference.

|  |  |  |  |
| --- | --- | --- | --- |
| Parent/Legal Guardian’s Name: | | | Mobile Number\*: |
| I require Child Care for: | Medical Day: 9.00am - 12.00pm  YES / NO | | Dinner Dance: 6.30pm - 11.30pm  YES / NO |
| **Child’s Name** | **Age & Date of Birth** | **Required Medical information** | **Other information** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**\*Please ensure that you are available on the mobile phone number you provided on this form when your child is participating in childcare in the event that a Carer needs to reach you in an emergency.**

**Please use this space if you need to provide more information about your child(ren)’s medical or other care needs for the Carers.**

## TEMPORARY GUARDIAN & MEDICAL RELEASE FORM

All minors (under the age of 18) attending the 2023 SSPA National Convention 2-8 October 2023 at the Nunyara Conference Centre **without** a Parent or Legal Guardian must have a temporary Legal Guardian at least 21 years old designated for the week of the convention. The Parent/Legal Guardian of the unaccompanied minor attending the convention must complete the following details:

|  |  |
| --- | --- |
| Child’s Full Name: | Date of Birth: |
| Medications & Supplements  *(Please include name, dose, and clear/specific administration instructions. If you need to provide a more extensive administration chart, please note in this space that you have attached it to the email with the registration form):* | |
| Panadol Dose: | |
| I (Parent/Legal Guardian’s Full Name), \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby give permission for my child  (Child’s Full Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to receive full medical treatment in the event of an emergency, including the administering of Panadol.  All of my minor child’s relevant medical information, allergies, and their need for medical and mobility aides and equipment are included on the “Registration Details Form”. I have clearly explained and provided complete written instructions to the Designated Legal Guardian to administer the medications & supplements indicated on this form (or the administration chart attached).  I authorise (Full Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to be the Designated Legal Guardian for my minor child during the week of 2-8 October 2023 at the Nunyara Conference Centre 5 Burnell Dr, Belair SA 5052.  I will remain available as an emergency contact person and can be reached at any time on the phone/mobile number provided on this form while my child is attending the 2023 SSPA Inc. 56th Annual National Convention.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Parent/Legal Guardian’s Signature Date | |

|  |  |
| --- | --- |
| **Parent/Legal Guardian Details** | |
| Full Name |  |
| Address |  |
| Phone/Mobile |  |
| Email |  |

**CONSENT & DECLARATION FORM**

|  |  |  |
| --- | --- | --- |
|  | **Attendee’s Full Name** | **Date of Birth** |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |
| 5 |  |  |
| 6 |  |  |

**Consent**

I, (Adult/Parent/Guardian’s Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

as the individual, legal representative or guardian of the attendees listed above, give consent for the following:

1. Permission to take photos and videos of me/us during the Convention. YES / NO
2. Permission to use photos and videos of me/us in SSPA publications including

the SSPA Journal, website, and social media. YES / NO

1. I specify the following specific limited permission in relation to use of our photos and videos:

**Declaration**

I, (Adult/Parent/Guardian’s Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, As the individual, legal representative or guardian of the attendees listed above, release the SSPA and it’s representatives from any personal or public liability arising from any injury which any of the attendees listed on this form incur as a result of our participation in the activities provided by, or in conjunction with, the 2023 SSPA Inc. 56th Annual National Convention.

I understand that participation in sports and other activities contains a risk of injury. In the event of illness or injury, I agree to authorise members of the SSPA National Council present to consent on my behalf for any urgent medical treatment (including administration of the epi pen for the Attendee as indicated on the “Registration Details Form” as required) on the advice of a qualified medical practitioner/qualified first aid officer. I will be available by mobile phone on the number provided on the Registration Details Form as an emergency contact 2-8 October 2023 in the event of a medical or other emergency.

I release the SSPA and/or any member assisting with airport transfers from any financial liability arising from missed flights due to late drop off times under any circumstances. I understand it is my responsibility to ensure that I specify a drop off time early enough to ensure that I/we check in on time for the scheduled flight.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Adult/Parent/Guardian’s Signature Date

|  |
| --- |
| **PAYMENT DETAILS** |

**Information on Eligibility for SSPA Member Registration Fee**

Discounted membership registration fee is only applicable to financial members in the 2023-2024 membership year, which begins 1st July 2023 (i.e. you must have renewed your membership or become a member on or after 1st July 2023).

To renew your membership or become a member, please go to this link:

<https://www.revolutionise.com.au/sspa/>

**Registration, Deposit, and Final Payment Dates**

Please forward completed registration form/s and min $100 deposit per person no later than, Sunday 20th August 2023.

Payments for all attendees must be paid in full by the Sunday 3rd of September 2023. Final numbers and full payment are required by the Nunyara Conference Centre prior to the beginning of the convention.

**For Convention Registration**

**Direct Deposit (Preferred Method of Payment)**

Please deposit funds into the following account:

**Short Stature People of Australia**

**BSB:** 633-000

**Account No:** 179 979 737

**REFERENCE:** The Primary Adult Attendee’s “First & Last Name”

*If you have any queries please contact us by email on*[*sspa2023con@gmail.com*](mailto:sspa2023con@gmail.com)