



Sunday 29th September – Friday 4th October 2024

Phillip Island Adventure Resort
1775-1801 Phillip Island Rd,
Cowes VIC 3922



CONVENTION SCHEDULE

Sun 29th Sep	Midday: Organised Bus pick up leaving from The Larwill to Phillip Island Adventure Resort
	Evening: Welcome Wine (BYO) & Cheese Night with Trans-Tasman themed Trivia quiz
Mon 30th Sep	Day: Archery - Workshops – Brainstorming session/prep for the talent show
	Free Afternoon
Tue 1st Oct	Evening: Penguin Parade (Dinner @ 4:45pm then Leave @ 5:30pm)
	Day: Onsite Activities - Giant Swings, Twin Flying Fox, Crate Climb, Low ropes course & Workshops
Wed 2nd Oct	Evening: Kids Disco followed by Adult Rave (Trans-Tasman theme)
	Sports Day: Competitive and social kids and adults Boccia, Basketball, Football, Badminton & Athletics
Thu 3rd Oct	Evening: Dinner Dance (13+ yrs)
	Day: Chocolate Factory & Churchill Island tour OR Wine & Brewery Tour (Transport only provided, costs of tastings/ alcohol not included)
Fri 4th Oct	Evening: Talent Show Night
	Morning: World Dwarf Games 2027 discussions, reflection session & packing up
	Afternoon: Farewells and bus departures late morning leaving from Phillip Island Adventure Resort to Southern Cross Station and to Tullamarine Airport.

REGISTRATION CHECKLIST

1	Registration Details Form completed digitally/on paper for all Attendees. *If you have more than six people in your group, please let us know
2	Event Attendance & Cost Calculator Form completed for <u>all</u> Attendees
3	Travel Details Form completed for any attendee requiring pick up and/or drop off from and/or to the airport
4	Child Care Form completed for any family with children aged 0-12 years inclusive requiring childcare during the Dinner Dance
5	Temporary Guardian & Medical Release Form for any child/youth attendee under 18 years of age attending without their parent/Guardian
6	Consent & Declaration Form for all attendees signed by the Primary Adult Attendee, Parent, or Legal Guardian
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 the digital form or scan/take clear photos of the forms above, and email along with the screenshot of the bank receipt to olo@sspa.org.au by 4th Aug
10	Complete full payment and email screenshot of the bank receipt olo@sspa.org.au by 18th Aug 2024

Registration due 4th Aug 2024

Accommodation

- Check-in is from 4:00 pm on Sunday 29th September.
- Check-out is by 1:00 pm on Friday 4th 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 Annual Convention is a unique and rewarding opportunity to meet and spend time with others in the Australian and New Zealand short statured community and you will not 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 olo@sspa.org.au

REGISTRATION DETAILS FORM

Address:		Suburb		State:	
Postcode:		Phone:		Email:	

	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.e., mobility scooter, shower chair, bed pole)						
Dietary Requirements						
Need Lower Bunk & Ground Level Unit						
Cot for Baby/Toddler						
Allergies						
Epi Pen*						
Indicate who you would like to share rooms with. (No guarantee!)						
MELBOURNE RESIDENTS ONLY: Will you be driving down? (to help adhoc transport needs we have)						

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

EVENT ATTENDANCE & COST CALCULATOR FORM

Three Scenarios

1. Fully inclusive
2. Full-Time + options
3. Part-Time + options
Options

Attendees are encouraged to register for fully inclusive attendance for the best experience. Part time costs are calculated based upon accommodation costs being charged to the organisation. Optional activities can't be added at a later point. These charges are only for the Philip Island experience. They do not cover the Melbourne medical convention. Please use the tables below to calculate the costs

For the tables below fill in the \$ in the Attendee columns to confirm the attendees and calculate a total payment
For young children, input a 0 into the cell.

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).

Scenario 1: Fully Inclusive

Full-Time Fully inclusive	\$NZ	
Adult (13+)	\$990	
Kids (5-12)	\$740	
Young Children (0-4)	Free	

DAY	DATE	Attendees (Fill in the cost)					
Sun - Fri	29 Sep – 4 Oct						
Chocolate or Winery: Type C or W							

Scenario 2: Full Time - only accommodation & food

Full-Time No options	\$NZ	
Adult (13+)	\$790	
Kids (5-12)	\$650	
Young Children (0-4)	Free	

DAY	DATE	Attendees (Fill in the cost)					
Sun - Fri	29 Sep – 4 Oct						

Scenario 3: Part Time

Please note that cost of accommodation & meals are separate
 If you are onsite meals are mandatory as there are no separate kitchen facilities.

Part-Time Attendees	\$NZ	
Adult (13+) Accommodation	\$135	
Adult (13+) Dinner	\$15	
Adult (13+) Breakfast / Lunch (price is per meal)	\$10	
Kids (5-12) Daily Accommodation	\$115	
Kids (5-12) Dinner	\$10	
Kids (5-12) Breakfast / Lunch (price is per meal)	\$5	
Young Children (0-4) Accommodation & Meals	Free	

DATE	EVENT	Attendees (Fill in the cost)					
Part-Time (each item is individually calculated)							
Sun 29 Sep	Accommodation						
	Dinner						
Mon 30 Sep	Accommodation						
	Breakfast						
	Lunch						
	Dinner						
Tue 1 Oct	Accommodation						
	Breakfast						
	Lunch						
	Dinner						
Wed 2 Oct	Accommodation						
	Breakfast						
	Lunch						
	Kids Dinner						
Thu 3 Oct	Accommodation						
	Breakfast						
	Dinner						
Fri 4 Oct	Breakfast						
	Lunch						
Subtotal							

Options

Only applies to Scenario 2 & 3 (included already in Scenario 1)

Charges include costs for buses

Optional Activities	Kids	Adults
30th Sep Penguins	\$30	\$35
1 Oct Onsite Activities	\$10	\$10
2nd Oct Dinner Dance	-	\$115
3rd Oct Chocolate Factory & Churchill Island	\$45	\$50
3rd Oct Brewery & Wine Tour (Transport Only)	-	\$60

DATE	EVENT	Attendees (Fill in the cost)					
Part-Time (each item is individually calculated)							
Penguins							
Activities							
Dinner Dance							
Chocolate Factory & Churchill Island							
Winery Tour (Transport Only)							
Subtotal							

Attendee Total							
-----------------------	--	--	--	--	--	--	--

Grand Total: click to update	
-------------------------------------	--

TRAVEL DETAILS FORM

Transport is only provided for the convention. NOT to the medical symposium.

Do you require pick up from Melbourne on 29 th Sep (Y/N)		Do you require transport to Melbourne on 4 th Oct? (Y/N)	
How many passengers?		How many passengers?	
Are you travelling with an electric wheelchair or scooter		Are you travelling with a pram?	
Quantity:		Quantity:	
Arrival Date:		Departure Date:	
Time of scheduled arrival: <u>ARRIVAL MUST BE 10:30AM or earlier</u>		Time you need to be at the airport (Allow time for domestic/ international check in)	
Airline:		Airline:	
Flight number:		Flight number:	

* If you are arriving/leaving on dates during the convention we may be unable to provide transport but can help advise on options

**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.

Comments	
----------	--

DINNER DANCE CHILD CARE FORM

Childcare will be arranged by the SSPA and provided by organised babysitters during the Dinner Dance for all young children and Kids (0-12 inclusive) for any family who wishes to use it. The dinner dance is restricted to children 13+ at the time of the convention You are welcome to make alternate childcare arrangements if that is your preference.

Parent/Legal Guardian's Name:			Mobile Number*:	
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.

TEMPORARY GUARDIAN & MEDICAL RELEASE FORM

All minors (under the age of 18) attending the Convention **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 in this agreement.

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 in email).			
I authorise (Full Name of designate):			
to be the Designated Legal Guardian for my minor child during the week of 29 th Sep - 4 th Oct 2024			
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 Convention.			
Parent/Legal Guardian's Signature/Inpitted Name		Date	

Parent/Legal Guardian Details	
Full Name	
Address	
Phone	
Email	

CONSENT & DECLARATION FORM FOR ALL ATTENDEES

	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 (Y/N):		
2. Permission to use photos and videos of me/us in SSPA/LPNZ publications , website, and social media (Y/N):		
3. I specify the following specific limited permission in relation to use of our photos and videos (Y/N):		

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 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 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/Inputted Name		Date	
---	--	------	--

PAYMENT DETAILS

Registration, Deposit, and Final Payment Dates

Please forward completed registration form/s no later than, 4th Aug 2024.

Payments for all attendees must be paid in full by the 18th Aug 2024. Please deduct the deposit from the Total \$

Final numbers and full payment are required by the Philip Island Adventure Resort from us prior to the beginning of the convention.

For Convention Registration

Please deposit funds into the following account:

LPNZ

Account No: 12-3011-0830775-00

REFERENCE: The Primary Adult Attendee's "First & Last Name"

Checklist - I have filled in:

REGISTRATION DETAILS FORM	
EVENT ATTENDANCE & COST CALCULATOR FORM	
TRAVEL DETAILS FORM	
DINNER DANCE CHILD CARE FORM (if applicable)	
TEMPORARY GUARDIAN & MEDICAL RELEASE FORM (if applicable)	
CONSENT & DECLARATION FORM	
SEND THE COMPLETED FORM TO olo@sspa.org.au	