

wintercamp Registration Form

Camper Details>>

Full name:

Age: _____ D.O.B: _____ Male Female

Address:

Home phone: _____ Student mobile: _____

Student email:

School: _____ Year: _____

Parent/ Guardian's name: _____ Parent/ Guardian's other phone: _____

Emergency Information>>

Emergency contact person (If parent/guardian cannot be contacted):

Emergency contact's home phone: _____ Emergency contact's other phone: _____

Family doctor: _____ Family doctor's phone: _____

Medicare number: _____ Card ref no: _____ Expiry date: _____

Health fund: _____ Fund membership number: _____

Date of last tetanus booster: _____

Medical Details (state 'yes' or 'no' plus attach details)>>

Allergies? _____ Operations/ Serious Illness? _____

Special Diet? _____ Known behavioural problems/disabilities? _____

Medications? _____ Is the child able to swim 25m? _____

Is anyone legally restricted from seeing the camper? _____

Payment Details>>

Full amount to be paid on application unless alternative arrangements have been made.

- I enclose \$250 or \$265 cash or cheque payable to "St Philips Anglican Church"
 I would like to sponsor another child/leader. I enclose an additional donation of \$ _____.
 Please contact me to discuss reduced camp fees for my child. All requests remain confidential.

Transport>>

I give permission for my child to travel by bus between Turrumurra and Bathurst.

Signed: _____ **Date:** _____

Spin Website>>

Do you consent to photos of your child participating in Spin activities being displayed on the Spin website? (Please tick) Yes No

Signed: _____ **Date:** _____

Authorisation>>

I/We agree to the printed conditions of booking and to my/our child attending the camp on this understanding. In the event of accident or illness, I/we authorise the Camp Director to consent, where it is impracticable to communicate with me/us, to my/our child receiving any x-ray examination, anaesthetic, medical, surgical or hospital treatment as may be deemed necessary by a licensed physician and/or surgeon. I/We also authorise to engage such treatment and agree to pay the appropriate fees for such service and treatment. I/We agree to meet the expense of my/our child being returned to my/our home, either by the camp director or leader accompanying him/her and then rejoining the group or by collecting him/her personally. I/We understand that such an arrangement may be necessary due to illness, injury, or if, in the opinion of the Camp Director, non-cooperation of any description or the inability to meet the rigors and requirements of the activity by my/our child. I/We agree to my/our child attending the camp on this understanding. My/Our signature/s below indicates my/our willingness to permit my/our child to attend this camp run by St Philips Anglican Church, South Turrumurra.

Signed: _____ **Date:** _____