

**Which Camp would you like to attend?**

- ☐ Camp 1 –July 9th to July 14th (grades 3/4/5)  
☐ Camp 2 –July 16th to July 21st (grades 5/6/7)

Bank Deposit CBA

BSB: 067 408

Acc: 1018 0422

Use Surname as Ref

Camp Fee \$130 Canteen Money (Max \$15) \$ \_\_\_\_\_ = \$ \_\_\_\_\_ Total Due

Payment Method: ☐ Cash ☐ Cheque ☐ Money Order ☐ Direct Deposit Receipt # \_\_\_\_\_

Name of Camper: \_\_\_\_\_

Male ☐Female ☐

Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_ School: \_\_\_\_\_ Grade in 2017: \_\_\_\_\_

I would like to room with: \_\_\_\_\_

(Full name of ONE friend only. We prefer to allocate Campers according to age.)

**Parents/guardians**, at Riverbend we want to care for each child who comes to our holiday camps. This begins when the child is dropped off and continues until they are picked up by their legal parents/guardians. To help us please fill in the following details. Please note that all information is treated confidentially. Cabin leaders and support staff are briefed on medical/behavioural problems that may require special care.

Do you agree to Riverbend using photos that include the Camper in:

Newsletters: ☐ Brochures: ☐ Newspapers: ☐ Email: ☐ Website: ☐**Medical Details**

Medicare Number: \_\_\_\_\_ Individual's No: \_\_\_\_\_ Expiry Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Health Care Card Number: \_\_\_\_\_ Expiry Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Tetanus Immunisation. Date of Last Booster: \_\_\_\_\_

Bed Wetting: ☐ Asthma: ☐ Migraines: ☐ Travel Sickness: ☐ Sleep Walking: ☐ Allergies: ☐

Please specify any Medication required: \_\_\_\_\_

Does your child have any Disabilities, Conditions or Behavioural Issues? Please give details: \_\_\_\_\_

Do you agree to the Camper being administered panadol/paracetamol in recommended doses when necessary? Yes: ☐ No: ☐

Please specify any Dietary Requirements (e.g. Vegetarian, Diabetic): \_\_\_\_\_

**Emergency Contacts****In an Emergency who should we call?**

Name of Parent/Guardian: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Home Phone: \_\_\_\_\_ [ ]'s Work No: \_\_\_\_\_ [ ]'s Mobile: \_\_\_\_\_

\*Please put person's name in [ ]'s

E.g. [Mum]'s Work No: 03 64..... [ ]'s Work No: \_\_\_\_\_ [ ]'s Mobile: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Second Emergency Contact** (In an emergency we will contact this person if the Parent / Guardian is not available.)

Name: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone No: \_\_\_\_\_ Mobile: \_\_\_\_\_

Name of person picking up Camper: \_\_\_\_\_

Are there any issues relating to custody we need to know? Yes: ☐ No: ☐

If Yes, please specify: \_\_\_\_\_

**Parent / Guardian Consent and Authority**

Riverbend is a Christian campsite administered by the Christian Brethren Churches of Circular Head.

We expect all campers to **participate** in all camp activities including games, Bible studies and devotions.

We want to have a safe and positive camp environment. Upon receipt of this application each camper will be sent a code of conduct to read and adhere to. If campers are not prepared to agree to this code of conduct, you are invited to phone us and withdraw your application.

**Campers are not to bring mobile phones, laptops, electronic games, CD players, MP3 players, knives, scissors, swap cards, tarot cards, matches or lighters.****Aerosol deodorant cans are not permitted due to health reasons.****Absolutely no drugs, alcohol or cigarettes are allowed at camp.**

I have read the consent section carefully.

I approve of this application and agree that although camp leaders will exercise all possible care they are not liable for any injuries or damages which may be sustained to person or property.

I also authorise the camp to obtain any medical attention as required at my expense and promptly notify me.

I understand that if the camper does not abide by Riverbend's code of conduct, camp management reserve the right to remove them from camp.

Signed: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Any extra details relating to information we need to know can be included in an attached letter.

**OFFICE USE ONLY** C ID: \_\_\_\_\_ Receipt No: \_\_\_\_\_Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Fees ☐ paid: ☐