

Which Camp would you like to attend?

- ☐ Camp 1 –Oct 1st to Oct 6th (grades 3/4/5)
☐ Camp 2 –Oct 8th to Oct 13th (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: ☐