

CAMPER APPLICATION FORM



PLEASE RETURN THIS FORM TO THE EVENT DIRECTOR PRIOR TO THE EVENT

CAMP APPLYING FOR: _____ P5

PARENT / GUARDIAN DETAILS

First Name: _____ Last Name: _____

Email: _____ Contact Number: (____) _____

I agree to the Terms and Conditions on the last page. Signature: _____ Date: ____/____/____

PARTICIPANT DETAILS

First Name: _____ Last Name: _____

Preferred Name: _____ Gender: Male Female Date of Birth: ____/____/____

Are you of Aboriginal or Torres Strait Islander origin?: Yes – Aboriginal Yes – Torres Strait Islander No

HOME ADDRESS:

Address: _____

Suburb: _____ State: _____ Postcode: _____

School: _____ Grade: _____

Church (if any): _____

CONTACT INFORMATION:

Mobile: _____ Home Phone: (____) _____

Participant Mobile: _____ Participant Email: _____

EMERGENCY CONTACTS

EMERGENCY CONTACT 1 (MUST BE OVER 18):

Name: _____

Relationship: _____

Contact Number: _____

EMERGENCY CONTACT 2 (MUST BE OVER 18):

Name: _____

Relationship: _____

Contact Number: _____

CHILD PROTECTION STATEMENT OF COMMITMENT

SU Qld is committed to the safety and holistic wellbeing of all children and young people involved on our events. To ensure that children and young people are kept safe from harm, our staff and volunteers are required to possess a current blue card; agree to adhere to a code of conduct when working with children; and undergo training in child safety. SU Qld takes child protection and safety seriously and consequently has policies and procedures in place to ensure that your child has the best possible experience with us.

- Do you consent to appropriate use by SU QLD of photographs taken on the program that include your child? Yes No
- Do you consent to your child travelling in a leader's car, within SU Qld's Camping Policies? Yes No
- Do you consent to a leader continuing contact with your child after the event, within SU policy guidelines and with your full knowledge of details and purpose? Yes No

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MEDICAL AND DIETARY INFORMATION

MEDICARE

Medicare Number _____

Number on card: _____

Medicare card expiry date: _____

PRIVATE HEALTH INSURANCE

Private health insurance provider (if applicable):

Private health insurer membership number (if applicable):

MEDICAL INFORMATION:

Can paracetamol be given as a pain killer?: Yes No

Allergies: _____

Latest tetanus injection: _____

Please tick if any of the following are applicable to the participant and give a brief description.

- Asthma _____
- Appendicitis _____
- Chicken Pox _____
- Diabetes _____
- Epilepsy/Fits _____
- Glandular Fever _____
- Heart Problems _____
- Migraines _____
- Pneumonia _____
- Tonsillitis _____
- Other relevant medical information _____

MEDICATION:

If your child is bringing medication please provide it in a blister pack from the pharmacy with details on medication, dosage and name clearly labelled. All medication must be given to the camp leaders on arrival (girls may keep "the pill").

Is the participant on medication?: Yes No

Medication name: _____

Dosage amounts and times: _____

DIETARY:

Every attempt will be made to cater for each individuals dietary requirements. However, in very rare cases our cooks will not be able to cater for all your dietary needs. If this happens you will be contacted by the camp director and be asked to provide more information about your allergies and may be asked to provide some additional food. Contact the event director if you have any concerns.

- Dairy Free
- Vegetarian
- Gluten Free
- Nuts

Further Dietary Requirements: _____

INFORMATION:

Are there any family, behavioural or medical conditions which require special attention we should know about?

- ADD/ADHD
- Aspergers
- Hearing/Sight Impairment
- Formal Counselling, Depression, or other issues that may affect the participant on the event

Are there any restrictions on activities? _____

Swimming ability: No Fair Well

- Bedwetting
- Sleepwalking
- Travel Sickness

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PAYMENT DETAILS

CREDIT CARD: I authorize SU QLD to deduct my
 Visa Mastercard

Card Number: _____

Name on Card: _____

Expiry Date: _____

Signature: _____

Date: ____ / ____ / ____

Parent / Guardian Name: _____

Father Mother Guardian

Contact Number: (____) _____

OR I have included \$ _____ in payment of camp fees.

PAYMENT METHOD:

MONEY ORDER

CHEQUE

OTHER

TERMS AND CONDITIONS

SCRIPTURE UNION QUEENSLAND EVENTS

Every year, over 1,000 SU Qld volunteers run 80 camps across the state. Our camps provide 3,300 children and teenagers with a fun-filled, positive time away from home. We aim to provide a quality holiday program, meeting the physical, social, emotional and spiritual needs of each participant. Every camp sets aside a time for faith discussions, where participants have a chance to explore the claims of the Christian Faith and ponder the bigger questions about life.

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PRIVACY

Protecting your privacy is important to us. The information we seek allows us to manage risk, provide reasonable care and administrate your involvement in our program. We are careful to keep your information confidential, and provide it only to those agents acting on behalf of SU QLD who need it to enable them to perform their agreed activities (e.g. First Aid officer). We will not use your information for other purposes. You are welcome to contact our office or visit www.suqld.org.au in relation to issues regarding your personal information and for a copy of our Privacy Policy. We only ask for information that is necessary for the purposes outlined in this statement. In some circumstances if you don't provide us with all requested information you could miss the opportunity to be involved in our program.

REGISTRATION

On rare occasions a camp may need to be cancelled for reasons beyond our control (eg: low camper enrolment, matters of safety and care, etc.). In these situations we will endeavour to place your child on another camp or organise a refund.

- A Camper Letter will be mailed prior to camp, including more details about the program, what to bring and site contact details. The Event Director will may also include a form for you to complete regarding travel arrangements and Medication to be taken while on camp (if applicable).
- Some financial help may be given in cases of genuine need – enquiries can be made through the Event Director.
- Bookings cannot be made over the telephone, though enquiries are most welcome.
- SU Qld may withhold a late cancellation fee.
- SU Qld reserves the right to reject applications.

YOUR AGREEMENT WITH SCRIPTURE UNION QUEENSLAND

I am aware in agreeing to this document for my child's participation in this program that certain elements of the program could be physically and emotionally demanding. Furthermore, I understand that certain inherent risks and dangers may exist in the activities in which my child will be participating. I acknowledge that while Scripture Union and its leaders will make every reasonable effort to minimise exposure to known risks, all hazards and dangers associated with these activities cannot be foreseen or may be beyond the control of Scripture Union, its leaders and staff. In the event of any emergency where my nominated contact people are unavailable:

- I authorise the leaders to obtain medical advice and/or assistance which they deem necessary.
- I further authorise qualified practitioners to administer anaesthetic if required.
- I accept all operation, blood transfusion and/or anaesthetic risks involved in the event that such procedures are deemed necessary.
- I accept the responsibility for payment and agree to pay medical, transport and any other related expenses.
- I confirm that the information contained in this application is true and correct.
- I agree to inform the leader of any change to these details.

I understand that the camp leaders will take all responsible care of my child whilst at camp and that SU Qld or its representatives will not be liable in any injury or accident, or for damage or loss of property. I give my consent for and agree to pay for any necessary medical treatment. I understand that in cases of unacceptable behaviour, campers will be sent home from camp.