

# REGISTRATION FORM For Holiday Camps



## OFFICE USE ONLY

Code: \_\_\_\_\_  
 Date R'cd: \_\_\_\_\_  
 Paid: \$ \_\_\_\_\_  
 Receipt: \_\_\_\_\_  
 Invoice to: \_\_\_\_\_  
 Reply Date: \_\_\_\_\_

## Camper's Details

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ P/Code: \_\_\_\_\_  
 DOB: \_\_\_\_\_ Phone: \_\_\_\_\_ Grade: (in year camp is being held) \_\_\_\_\_ [ ] Male [ ] Female  
 Camper's Email: \_\_\_\_\_  
 Name of School attending: \_\_\_\_\_  
 Name of Church attending (optional): \_\_\_\_\_  
 Camper is:  
 [ ] New to Camp Clayton Holiday Camps. WELCOME! How did you hear about us? [ ] Friend [ ] School [ ] Church [ ] Other  
 [ ] Returning. AWESOME - Welcome back!

## Camp Details

Which camp are you registering for? \_\_\_\_\_ Start Date: \_\_\_\_\_ Finish Date: \_\_\_\_\_  
 Which camper/s would you like to room with? (While we attempt to respect your choice, this may not always be possible)  
 \_\_\_\_\_

If arriving **by bus** please list details:

**Arrival:** Name of bus: \_\_\_\_\_ Arrival time in Ulverstone: \_\_\_\_\_ am / pm  
**Departure:** Name of bus: \_\_\_\_\_ Departure time from Ulverstone: \_\_\_\_\_ am / pm

## Parent/Guardian/Carer Details

### 1 Parent, Guardian or Carer Information

Name/s: \_\_\_\_\_  
 Relationship to Camper: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_  
 Mobile: \_\_\_\_\_  
 Email: \_\_\_\_\_

### 2 Alternative (Emergency) Contact

(Please list someone not living with you)  
 Name/s: \_\_\_\_\_  
 Relationship to Camper: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_  
 Mobile: \_\_\_\_\_

Camper lives with: [ ] Mum [ ] Dad [ ] Both [ ] Other (please specify) \_\_\_\_\_

## Payment Details

EITHER show applicable Camp Fee at full price \$

OR show Early Bird Fee (only available if **received in full** at Camp Clayton by due date shown on website) \$

Deduct Family Discount (for each **additional** child attending holiday camps in same school holidays) - \$

Optional: Tax Deductible Donation\* [ ] Activity Fund or [ ] Children's Support Fund + \$

**Total Amount Payable for Camp** \$

**Amount Enclosed** (minimum deposit required is \$20) [ ] Cheque [ ] Credit Card \$  
 Credit Card Type \_\_\_\_\_ Name on Card \_\_\_\_\_ Expiry Date: \_\_\_\_/\_\_\_\_  
 Credit Card Number \_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_ Authorising signature: \_\_\_\_\_

*Eftpos is also available at our office premises, but not over the phone*

\* Donations to Funds are Tax deductible. Income Tax Receipt will be sent. Brochures available on request.

### Mailing your Registration

Please ensure you complete both sides and use a separate form for each registration (photocopies accepted).

Mail your registration form to **Camp Registrations, Camp Clayton, PO Box 3184, Ulverstone 7315.**

A reply letter will be sent confirming your registration (Please note registrations are not accepted without a deposit).

**Enquiries - Phone during office hours on 6425 1893**

**MEDICAL HISTORY - To be completed by parent/guardian**

Does your child have any allergies to any of the following (If yes, please provide details):

- pollens \_\_\_\_\_
- medications \_\_\_\_\_
- food\* \_\_\_\_\_
- insect bites \_\_\_\_\_ (IMPORTANT - If necessary, please authorise and PROVIDE antihistamines)
- other \_\_\_\_\_

\*If your child has a serious food allergy of any type, please contact us to fill in a separate special diet form or visit: [www.campclayton.org.au/criticaldiet.htm](http://www.campclayton.org.au/criticaldiet.htm)

Does your child suffer from, or have they ever experienced any of the following:

- asthma \_\_\_\_\_
- heart trouble \_\_\_\_\_
- physical disability \_\_\_\_\_
- epilepsy / seizure disorder \_\_\_\_\_
- diabetes \_\_\_\_\_
- frequently upset stomach \_\_\_\_\_
- physical/mental condition \_\_\_\_\_
- other (incl. dietary requirements) \_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_ Current Medicare N<sup>o</sup> (for child): \_\_\_\_\_

Please list and explain any major illnesses/injuries that your child has experienced during the last year: \_\_\_\_\_

It is Camp Clayton policy that no medications are administered by Camp staff or leaders without prior arrangement with parents/guardians. This arrangement is made by the completion and signing of the attached "Medication Form" handed in at camper registration (ie for medications provided by parents as necessary for current conditions) or as advised by medical staff on consultation. The only exception to this is paracetamol which may only be administered with the following written consent: **Do you give permission for paracetamol to be administered to your child in the case of mild pain?**

(This authorisation applicable for this camp only)  Yes  No Signature: \_\_\_\_\_

**CONDITIONS OF ENROLMENT****Legal Guardianship**

The parents / guardians submitting this application must be those having legal custody over the child. Please notify us in writing prior to camp of any special custody arrangements that prevent access.

**Authorisation to pick up and/or visit your child**

At registration time on the first day, you will be asked to nominate the person/s authorised to pick up your child at the end of camp and also the names of anyone authorised to visit your child during camp. If any person other than those authorised by you wish to take your child off-site or visit your child during camp or pick up your child on the last day, we will require written and signed permission from yourself.

**Cancellation Policy**

Camp Clayton has the following policies in relation to cancellation of holiday camps: Cancellations prior to camp will lose their deposit only (\$20) and any remainder paid will be returned (please allow two weeks for processing). No refunds will be paid for dismissals due to disciplinary action. Refunds of fees (less deposit) will be considered when sickness prevents attendance or causes departure.

**Special Needs**

If your child has a serious health or developmental/physical issue that we should be aware of, please provide advance written notification and discuss with Youth Work Coordinators at Registration on the first day.

**Medical Attention**

The signature of the parent/guardian below on this application shall give the Staff acting on behalf of Christian Youth Centre Inc (Camp Clayton) the right to arrange for any necessary medical attention required and charge the same to the parent/guardian.

**Professional Assistance Services**

Christian Youth Centre Inc (Camp Clayton) provides qualified professional assistance services to campers for the duration of CYC run camps. These services may be made available to your child while at Camp at the discretion of the Camp Clayton Youth Coordinators and CEO.

**Use of Photos**

Unless this box is ticked, the signature of the parent/guardian below on this application shall give Christian Youth Centre Inc (Camp Clayton) permission for camp photos that include my child to be used in Camp Clayton promotional material (eg newsletters, brochures, website)

**PARENTAL PERMISSION - Signature required**

**Declaration - I have read and agree with the conditions and policies outlined above:** (parent/legal guardian to sign)

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# MEDICATION FORM - For Holiday Camps

<b>OFFICE USE ONLY</b>	
Received By: _____	
Date: _____	
Entered By: _____	

It is Camp Clayton policy that no medications are administered by camp staff or leaders without prior arrangement with parents/guardians. This arrangement is made by this completed and signed form being handed in at registration and is required for ALL medications provided. Paracetamol is the exception. Please refer to registration form for details.

Child's Name: \_\_\_\_\_ Camp: \_\_\_\_\_ Dates: \_\_\_\_\_

**Instructions:**

Enter medication dosage/ times and comments in table below

- If medication is 'as required' complete the form by signing consent and then hand to, and discuss with, Camp Mum during camper registration on the first day of camp.

- If medication is given regularly please also complete the table on the reverse of this form. Make sure to put in the day of the week (ie if Day 1 of camp is Monday write Monday on the line beneath DAY 1). At each time block medication is to be taken, fill in the appropriate medication and dosage for that time. (The camper is to sign the "Signed by Camper" section at the time medication is administered). Complete the form by signing consent and then hand to, and discuss with, Camp Mum during camper registration on the first day of camp.

Medication	Required dosage/times	Comments

**PARENT/GUARDIAN CONSENT**

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

This form is to be signed ONLY by the parent or guardian of the child indicated on this form. Signing this form authorises Camp Clayton to administer the medications in the dosages and at the times indicated on this form.

***Please Ensure This Form Is Completed Accurately.  
Check with your doctor if you are unsure.***

This form is to be handed in at camper registration on the first day of camp

**PLEASE DO NOT SEND WITH YOUR REGISTRATION FORM**

