

# REGISTRATION FORM For Holiday Camps



OFFICE USE ONLY

Code: \_\_\_\_\_  
 Date R'cd: \_\_\_\_\_  
 Paid: \$ \_\_\_\_\_  
 Receipt: \_\_\_\_\_  
 D / T / S No: \_\_\_\_\_  
 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 (optional): \_\_\_\_\_  
 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: \_\_\_\_\_  
 Who would you like to room with? \_\_\_\_\_  
 \_\_\_\_\_  
 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 Details

### 1 Parent or Guardian Information

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

### 2 Alternative (Emergency) Contact

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

Camper lives with: [ ] Mum [ ] Dad [ ] Both [ ] Other \_\_\_\_\_

## Payment Details

<b>EITHER</b> show applicable Camp Fee at full price	\$
<b>OR</b> show Early Bird Fee (only available if <b>received in full</b> at Camp Clayton by due date shown on advert)	\$
Deduct Family Discount (for each <b>additional</b> child attending holiday camps in same school holidays)	- \$
<i>Optional:</i> Tax Deductible Donation* [ ] Activity Fund or [ ] Children's Support Fund	+ \$
<b>Total Amount Payable for Camp</b>	<b>\$</b>
<b>Amount Enclosed</b> (minimum deposit required is <b>\$20</b> ) [ ] Cheque [ ] Credit Card	<b>\$</b>
Credit Card Type _____ Authorising Signature: _____	
Credit Card Number _____ / _____ / _____ / _____ Expiry Date: ____ / ____	
<i>Eftpos is also available at our office premises, but not over the phone</i>	

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

**PLEASE TURN OVER**

### 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 \_\_\_\_\_

Does your child suffer from, or have ever experienced, or are being treated currently for any of the following:

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

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

Please list and explain any major illnesses 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 at registration (ie 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 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. If any person other than those authorised by you wish to take your child off-site during camp or pick up 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.



**PARENTAL PERMISSION - Signature required**

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

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

Yes  No I give permission for camp photos that include my child to be used in Camp Clayton advertising and promotion (eg. newsletters, brochures, website).