

# Breakaway Camp Application Form

-----> Places are limited and applications close on 12<sup>th</sup> December so get in early!  
Send this form and the deposit to Breakaway Camps, PO Box 639, Moss Vale, 2577  
Make cheques payable to: Fitzroy Falls Conference Centre

## Camp Selection

Junior Breakaway Camp                       Senior Breakaway Camp

## Personal Details

Camper surname: \_\_\_\_\_ First name: \_\_\_\_\_ Male/Female

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

Suburb: \_\_\_\_\_ Post code: \_\_\_\_\_ Phone (H): \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age at camp: \_\_\_\_\_ Current school year: \_\_\_\_\_

Camper's email address (Senior Camp only): \_\_\_\_\_

Roommate preference: \_\_\_\_\_ While every effort will be made to accommodate this request, no guarantees will be made.

## Parent/Guardian Details

Parent surname: \_\_\_\_\_ First name: \_\_\_\_\_ Mum/Dad/Guardian

Phone (H): \_\_\_\_\_ Phone (W): \_\_\_\_\_ Mobile: \_\_\_\_\_

## Emergency Contact Details

Please supply details of someone we can contact in an emergency if parent/guardian cannot be contacted

Surname: \_\_\_\_\_ First name: \_\_\_\_\_

Relationship to camper: \_\_\_\_\_

Phone (H): \_\_\_\_\_ Phone (W): \_\_\_\_\_ Mobile: \_\_\_\_\_

## Mates Rates

Bring a friend who has never come to camp before and get a free T-Shirt. Name of friend: \_\_\_\_\_

## Other Information

Can the camper swim?  No                       Fair Swimmer                       Good Swimmer

Is anyone legally restricted from seeing this camper? Yes/No

If yes, please supply name: \_\_\_\_\_

Are you happy for photos and/or video footage of the camper to appear in promotional material? Yes/No

(To guarantee your child's exclusion, a current photo of your child must be supplied with this application)

Do you give permission for the camper's name, address, email and birthday to be published for the use of his/her Breakaway Camp Room leaders to enable correspondence after camp? Yes/No

Planned excursions away from the campsite are part of the programme. I hereby give permission for the camper to attend planned excursions by bus or car during the duration of the camp. Yes/No

## Authorisation

I understand that Fitzroy Falls Conference Centre do not permit the use of alcohol, non-prescribed drugs or smoking on camps and that anyone found in breach of this can expect to be sent home immediately. I have communicated this information to my child.

I understand that although Fitzroy Falls Conference Centre attempts to minimise any risk of personal injury, all physical activities carry risks that may result in personal injury or death to the participant and that accidents may occur. I acknowledge that personal injury is an inherent risk within the activities undertaken as a part of this programme.

In the event of accident or illness, I authorise the Camp Director to consent, where it is impracticable to communicate with me, to my son/daughter receiving any x-ray examination, anaesthetic, medical, surgical or hospital treatment as may be deemed necessary by a licensed physician and/or surgeon. I also authorise to engage such treatment and agree to pay the appropriate fees for such service and treatment.

I agree to meet the expense of my son/daughter being returned home to my home, either by the director or leader accompanying him/her and then rejoining the group or by collecting him/her personally.

I understand that such an arrangement may be necessary due to illness, injury, or if, in the opinion of the Camp Director, there has been non-cooperation of any description or the camper is unable to meet the rigors and requirements of the activity.

I agree to my son/daughter attending the camp on this understanding.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

# Breakaway Camp Medical Form

The information below is requested to assist in case of illness or accident. This information will be held in confidence.

1. Does the camper suffer from any health problems (eg. asthma, migraines, etc.)? Yes/No

If yes, please list what they are.

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2. Does the camper suffer from any allergies? Yes/No

If yes, please list what they are.

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3. Does the camper have any special dietary requirements? Yes/No

If yes, please list them. We will endeavour to meet these requirements, and will contact you if there are any problems.

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4. Are there any conditions requiring special attention that we should know about, eg. ADD, behaviour issues, hearing impairment, bed wetting, sleep walking, etc.? Yes/No

If yes, please list here.

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5. Is the camper presently taking medication? Yes/No

If yes, I hereby give authorisation for a camp leader to administer medication. Yes/No

If yes, please state the name of the medication, the dose and what the camper is taking it for.

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6. Is the camper allowed to be administered paracetamol in recommended doses if required? Yes/No

7. Date of last tetanus immunisation: \_\_\_\_\_

8. Medicare Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

9. Veteran's Affairs Number (if applicable): \_\_\_\_\_

10. Medical/Hospital Fund (if applicable): \_\_\_\_\_

Membership Number: \_\_\_\_\_ Top or Basic Cover: \_\_\_\_\_

11. Ambulance Cover: Yes/No

12. Name of family doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

13. Please list any other medical information that did not fit elsewhere on this form.

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