

Fitzroy Falls Conference Centre
Camp Application Form

Which camp are you applying for: _____

Personal Details

Camper surname: _____ First name: _____ Male/Female

Address: _____

Suburb: _____ Post code: _____ Phone (H): _____

Date of birth: _____ Age at camp: _____ Current School year: _____

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: _____

Parents email address (if it is a good way to contact you): _____

Agency/Organisation:

If you are being referred to us through an agency or organisation please tell us which one, and the main contact person:

Alternate Emergency Contact Person

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: _____

Other Information

Can the camper swim? (Please circle) *No *Poor (10m unaided) *Fair (25m unaided) *Good (50m+ unaided)

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

If yes, please supply names: _____

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 have also communicated to my child the need to follow all camp rules and to behave in a safe, considerate, and cooperative manner.

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.

I understand that some parts of the camp programme may be offsite, and that transport by bus or car may be required if this occurs.

In the event of accident or illness, I authorise the Camp Director to consent, where it is impractical to communicate with me, to my son/daughter receiving any medical 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.

In the event of my child needing to leave camp before its completion due to behavioural or medical concerns I agree to arrange transportation for my child and cover all expenses associated with that transportation.

I understand that photos and/or video footage may be taken of my child and may appear in promotional material, on our website and published for the benefit of other campers and leaders.

I have completed the following medical and information form in full and any concerns or questions have been raised with the Fitzroy Falls Conference Centre office.

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

Signature of Parent/Guardian: _____ Date: _____

Camp Medical and Information Form

The information below is requested to assist in case of illness or accident. Please make it as accurate as possible. This information will be held in confidence.

Campers name in full _____

Medicare Number _____ Exp Date: _____ Date of last tetanus injection _____

Veterans Affairs number (if applicable): _____

Does your child wear contact lenses? Yes No Ambulance cover? Yes No

Medical Insurance provider and membership number (if applicable): _____

Name of family doctor: _____ Phone: _____

Does your child have any special dietary requirements? Yes No

If so, please list them here or attach a separate list. We will endeavour to meet these requirements, and will contact you if there are any problems.

Does your child suffer from any of the following? Please *provide details* of medication, treatment, triggers etc, using a separate page if necessary.

• Any physical disabilities/disorders Yes No
-e.g. back problems, knee problems, poor eyesight etc

• Diabetes Yes No

• Epilepsy Yes No

• Heart Problems Yes No

• Blood Pressure problems Yes No

• Bed Wetting Yes No

• Respiratory Problems Yes No

(other than asthma)

• Asthma Yes No (if Yes, please give details below)

• Drug/Anaesthetic Allergies Yes No (if Yes, please give details below)

• Other Allergies Yes No (if Yes, please give details below)

ASTHMA AND ALLERGIES: If you ticked yes above for asthma or allergies please give a detailed description here of triggers, signs and symptoms at onset, severity, and treatment plan. Attach another page if necessary.

Has your child had any operations or major injuries/conditions in the past?: _____

Any illnesses in last 12 months? _____

Please give full details of any other problems either medical or physical that would limit your son/daughter's full participation in any part of the camp program? _____

Will your child need to take any medication whilst on camp? Yes No

If yes, please provide name, dosage, frequency, and any Doctor's instructions for any prescription medication: _____

Are there any behavioural conditions that we should know about? (Attach more information if necessary) _____
