

Children’s Camp 2015 – **LET YOUR LIGHT SHINE** Registration Form

23 – 27 September 2015

Camp details can be found on the associated information sheet.

**To register on line go to:** [https://www.registernow.com.au/secure/Register.aspx?E=17879](http://mandrillapp.com/track/click/30186961/www.registernow.com.au?p=eyJzIjoiTUdrTndoaHpidVZ5a2NMU1U1dVZkbF9fN3drIiwidiI6MSwicCI6IntcInVcIjozMDE4Njk2MSxcInZcIjoxLFwidXJsXCI6XCJodHRwczpcXFwvXFxcL3d3dy5yZWdpc3Rlcm5vdy5jb20uYXVcXFwvc2VjdXJlXFxcL1JlZ2lzdGVyLmFzcHg_RT0xNzg3OVwiLFwiaWRcIjpcImEzNjUzMDgzMWQ5NzQyYTc4MDJmZmE2MjZkYWM4OWFhXCIsXCJ1cmxfaWRzXCI6W1wiMWFjMjVmMTljODBkYzFjZDcyYzQ2YmJmZTAzODY3OTg0OTRhM2JiMVwiXX0ifQ)

**Alternatively**, complete the form below and return to Kristy McIlroy.

Name(s) of the person(s) attending **Children’s Camp** (if more than one person from the same family is attending, include all names here)

|  |  |  |
| --- | --- | --- |
| Full Name | Date of Birth | Preferred name |
|  |  |  |
|  |  |  |
|  |  |  |

**Camper’s address (all attendees):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of the child’s parent/ guardian

**Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Alternate emergency contacts:

1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to child: \_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to child: \_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please give details (name, address and phone number) of other persons who you authorise to collect your child/ren in your absence, while in the care of the Camp Supervisor:

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are there any family situations we should be aware of? (i.e. please specify any custodial issues or other relevant matters)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical information**

For each participant, please list all existing medical conditions or illnesses (include asthma, diabetes, epilepsy, allergies etc.). Please outline the treatment for each. Please attach extra pages if necessary.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**For each participant,** please outline any special dietary needs, including possible reaction to inappropriate diet.

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**For each participant,** please state the medication/s to be administered during the camp. Include name of medication, instructions for administration, time of administration, and any possible reactions (attach extra pages if necessary).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Doctor’s contact details (for each participant):**

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

Suburb and State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PERMISSIONS** (Please tick)

**ATTENDANCE** Children must be registered to participate in the Camp.

[ ]  I, the undersigned parent/guardian, do hereby grant permission for my child/children named above to attend the Camp.
 **BEHAVIOUR**[ ]  I acknowledge that during the Camp, acceptable standards of behaviour will be expected of Campers. I understand that in the event of my or my child’s serious misbehaviour during the Camp, I/he/she may be sent home. I further understand that in such circumstances I will be informed and that any costs associated with my/his/her return will be my responsibility.

**EMERGENCY** Where I am unable to be contacted, or it is otherwise impracticable to contact me,

[ ]  In the event of illness or injury during the period of the Camp, I consent to my child receiving such medical or surgical attention as may be deemed necessary by a medical practitioner; and
[ ]  I authorise staff to administer such first aid as the Camp Supervisor may judge to be reasonably necessary.

**IMAGES**

I consent to:

[ ]  being photographed or videotaped while on camp.

[ ]  my child or children being photographed or videotaped while on camp..

[ ]  any images of myself or of my child/children being displayed on Community of Christ publications, buildings, website or social media pages.

Where relevant, I understand that Community of Christ will ensure that the name of my child or children will not be published in connection with any photograph or image of my child or children.

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 Parent/Guardian**

Personal information
We respect your privacy. The personal information collected in this form may be used for the purposes of contacting you to provide you with information concerning church camps and activities. We will not sell or disclose personal information to an unrelated third party. Your personal information will be kept by Community of Christ and may be accessed by you upon request.

**Transport**[ ]  Would you like Community of Christ to put you in touch with other Campers who may be sharing transport to and from the Camp Location?



Please note: Community of Christ has no responsibility for Campers until they arrive at the Camp Location and after they leave the Camp Location.

**Limitation of Liability**

*Children will take part in a program of activities approved by the official supervisors. These activities may include bush walking, cooking and recreational activities such as soccer and football. Community of Christ is required to warn you that these activities carry with them a risk of injury or harm. Your safety or your child’s safety is very important to us and Community of Christ will comply with all relevant laws which establish practices or procedures for the protection against personal harm. In the event of illness or injury, Community of Christ will incur no liability for injury resulting from these activities. Community of Christ takes no responsibility for Campers until they arrive and after they leave the Camp Location.. In completing and submitting this form, the signatories are deemed to agree with this limitation of liability.*
I have read and understood the above information about this Camp and I give consent for my child/children to attend and take part in the program of activities approved by the Camp Supervisor:
 **Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 Parent/Guardian**

**Registration Fee:**

**Early Bird Price (Pay before 1Sept): $125 Total Cost (Pay after 1 Sept) : $140**

My fee is $ \_\_ paid by way of (please circle) Cheque /Credit Card / Direct Deposit

Make cheque payable to “Community of Christ”.

Credit Card Payment Details: Card Type (please circle) - **MasterCard Visa**

Name on Card………………………………………………………… Expiry Date ….…………………………

Card Number ……………………………………………………………………………………CVV……………..

Payment by way of Direct Deposit is available – Banking account details needed are; Account name: Community of Christ; Account numbers: BSB: 032-182 account #00-0031. Please include name of the camp and campers name on the bank’s reference line eg KCC-McIlroy

(If you choose payment by Direct Deposit, please e-mail **accounts@cofchrist.com.au** when payment is made, advising the date, amount, and camper name.

**Please complete this registration form and return it by post or scan and email by 1September 2015 to Kristy McIlroy, 6 Moyna Drive, Spring Gully 3550 or kristymc24@gmail.com**

