Community Plus: Build   
Our Camp   
Our Experience   
Our Community   
(A ministry of Community of Christ)

**7-12 April, 2015**

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

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

***If a person attending CAMP is aged 17 or under*,** the name of the child’s parent or guardian is:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship to child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

**Shirt Size (please tick)**

Small  Medium  Large  X-Large  2X-Large

Alternate emergency contacts:

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

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

**Medical information**

For all Campers, 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.

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

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

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

**For each Camper (17 years or under),** 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).

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

**Doctor’s contact details (for all campers):**

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

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

**Limitation of Liability**

*Campers will take part in a program of activities approved by the Camp Supervisors. These activities may include bush walking, cooking and recreational activities such as soccer, slip and slide and billy cart rides .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 that event, Community of Christ will incur no liability for injury resulting from these activities. Community of Christ takes no responsibility for Campers until they arrive at the Camp Location and after they leave the Camp Location. In completing and submitting this form, all campers are deemed to agree with this limitation of liability.*

**Parent/Guardian permission for those aged 17 or under to participate in Camp activities**

I have read and understood the 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 permission to obtain medical attention for campers aged 17 years or under**

Where the Camp Supervisor is unable to contact me, or it is otherwise impracticable to contact me, I authorise the Camp Supervisor to:

* consent to my child receiving such medical or surgical attention as may be deemed necessary by a medical practitioner; and
* administer such first aid as the Camp Supervisor may judge to be reasonably necessary.

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

Permission to use images (all campers)

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.

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

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.

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

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.

**Registration information:**For those traveling on the bus from West Pennant Hills, there is a $50 contribution towards the bus hire, however the actual cost is closer to $130 per person, so if you are willing to contribute more we will be truly grateful.

**Young Adults** have a $100 fee (+ $50 if catching the bus). Young adults are there for leadership and training purposes as part of the Leaders In Training (LIT) program in place by Community of Christ. However, it does cost the full $175, so where able, any additional contributions will be appreciated.

At no stage do we want economic hardship to be the reason an individual can’t come to camp; please contact Alicia Turner (0411 848 707 or [aturner@cofchrist.com.au](mailto:aturner@cofchrist.com.au) to talk about subsidies or payment plans.

**Registration: (please tick)** Early Bird Price (If paid before **18 March**) Fees $155

Normal Price (Registrations close **25March**) Fees $175

Young Adult (18 & over) Fees $100

Bus from Sydney Fees $50

Additional donations $\_\_\_\_\_

Total: \_\_\_\_\_\_\_\_\_\_\_\_\_

I enclose $ by (please circle) Cheque / Money Order / Credit Card / Direct Deposit

Make cheque and MOs payable to “Community of Christ”.

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

Name on Card……………………………………… Card Number………………………………………….

Expiry Date……………………………CVN …………….. Signature…………………………………………

If you choose to make payment by Direct Deposit to Community of Christ – Australia Mission: **Westpac BSB: 032-182 A/C: 00-0031 Please put reference: “Community Plus+ participant name” (e.g. CPLUS-ATURNER). Then please email** [**accounts@cofchrist.com.au**](mailto:accounts@cofchrist.com.au) **when payment is made, supplying the date, amount & your name so that we can confirm payment has been received and what it is for.**

**Please complete this registration form and return it by post or scan and email by 25 March to Alicia Turner, 28 Magellan Crescent, Kangaroo Flat Vic 3555 or aturner@cofchrist.com.au**

**Once registration has been received you will receive instructions regarding directions, arrival and schedule.**

