Kallara Reunion Registration 2016
A ministry of Community of Christ

**Kallara Reunion will start with dinner on December 26 and end at morning tea on December 31. This year’s theme is ‘Of Water and Spirit’.**

To register online, please click here:

https://www.registernow.com.au/secure/Register.aspx?E=23456

Name(s) of the person(s) attending (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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***If a person attending Kallara is aged 17 or under*,** please provide the 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Registration Fee:**

|  |  |  |  |
| --- | --- | --- | --- |
| Reunion Charges | **Cost per person** | **Number**  | **Total Cost** |
| Adults/ Youth over 16  | $195 |  |  |
| 1st child  | $100 |  |  |
| Family (2 adults and 2 or more children)  | $500 |  |  |
| Pensioner  | $180 |  |  |
|  Total Fees  |  |
| No charge for Children under 5 Deposit  |  |
|  **Balance**  |  |

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

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

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, e.g Kallara-JDoe.

(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)

**Your Director is Ben Smith (0411 045 264) for any enquiries**

**Please complete this registration form and return it by post or scan and email by December 12 to Ben Smith at 61 Brights Drive, Tootgarook VIC 3941 or bsmith@cofchrist.com.au**

**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? If so, please tick the box.

Privacy Statement
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.

**Camp Rules and personal behaviour**

Community of Christ reserves the right to set camp rules to ensure the rights of all campers are respected.

**Limitation of Liability**

*Campers will take part in a program of activities approved by the Camp Supervisors. These activities may include soccer, football, table tennis, bush walks, night games etc. 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.*



**Medical information**

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

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**For each Camper aged 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).

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

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Medicare Number:­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Permissions**

**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.

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