

**'AGAINST THE FLOW'**  
**CAMP APPLICATION**  
**25<sup>th</sup>-27<sup>th</sup> January 2012**  
**(A camp for youth in yrs 6-12 in 2012)**

Camper's Name: \_\_\_\_\_

Phone: \_\_\_\_\_

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

Coming School Year: \_\_\_\_\_

Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_

- I am able to attend the "AGAINST THE FLOW" Camp.
- I enclose **CHEQUE / CASH** for \$160 being full payment. (\$150 per child if 3 or more from one family are attending) Cheques are to be made out to 'Macquarie Anglican Churches'. Forms and money to be returned to Wayne Conoulty before 15<sup>th</sup> January 12.
- I have completed the indemnity and health forms below.
- I acknowledge my child will need to be dropped off and picked up from the camp by myself unless I have otherwise arranged.

(Please tick the appropriate boxes to complete the application)

### INDEMNITY FORM

My signature below indicates my willingness to permit my child to participate fully in all activities associated with the camp, including (but not necessarily limited to) those indicated in the brochure. While every precaution shall be taken to ensure the good welfare and protection of the applicant camper, Macquarie Anglican Churches, their Council members, staff members, employees, or any person acting on their behalf are hereby released from any and all liability in the event of any accident or misfortune that may occur to the applicant camper/s or damage or loss to their property. In the case of a medical emergency, I hereby give permission to the Doctor chosen by the Camp Director to secure proper treatment for and/or order hospitalisation, injection, anaesthetic, or surgery for my child as named. I understand that every effort will be made to contact me prior to instituting such procedures.

Parent or Guardian's signature (certifying acceptance of all Conditions thereon):

Parent/Guardian's Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/20\_\_

### HEALTH INFORMATION

Emergency Contact (if parent/guardian cannot be reached): \_\_\_\_\_ Phone: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Suburb: \_\_\_\_\_ Phone: \_\_\_\_\_

Medicare Number: \_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_ Expiry Date: \_\_\_\_/\_\_\_\_

Health Insurance Company: \_\_\_\_\_ Membership Number: \_\_\_\_\_

Has the camper been immunised against Tetanus? **YES / NO** Date of last injection: \_\_\_\_/\_\_\_\_/20\_\_

Does the camper have any relevant allergies (e.g. drugs/food/environment)? **YES / NO**

Is the camper on a special diet? (If yes see below) **YES / NO**

Does the camper take any special medication? **YES / NO**

Has the camper had a recent operations or serious illness? **YES / NO**

Is the camper restricted from any camp activity? **YES / NO**

Does the camper have a disability (physical/mental/learning/emotional)? **YES / NO**

Does the camper have a known behavioural problem? **YES / NO**

Is there anyone who is legally restricted from seeing the camper? **YES / NO**

To protect from possible embarrassment:

Does the camper wet the bed? **YES / NO**

Does the camper walk in his/her sleep? **YES / NO**

(If yes to any of the above questions, please provide the details on the back of this sheet)

As water activities are part of this camp. Does the camper know how to swim? **YES / NO**

**Please describe the camper's swimming ability?**  Strong (100m+)  Medium (50m+)  Basic

**Special Diets:**  Gluten Free    Lactose Intolerant    Vegetarian    Other .....