

# Challenge Camper Application Form 2009

Please print & ensure all information is correctly and completely filled out.

Name .....

Age..... DOB ..... Male/Female

Address.....

Suburb.....

Postcode..... School Year .....

School .....

Church Attended .....

Denomination .....

T-Shirt Size (*please circle*)  
NOTE: These are adult sizes.  
**S M L XL XXL**

Parent / Guardian Name(s)

.....

Home Phone No .....

Mobile Phone No .....

**Emergency Contact** (if parent/guardian unavailable)

.....

Phone No .....

R'ship to child.....

If possible I would like my child to share a cabin with:  
(Include name and affiliated church or youth group)

.....

## CAMPER HEALTH INFORMATION

*To ensure proper care of your child while at camp please answer the following section thoroughly giving further details separately should you require more space.*

Medicare No .....

Card Reference No ..... Exp Date.....

Doctor.....

Phone No .....

Health Insurance Fund .....

Membership Number .....

Date of last Tetanus booster.....

Please mark the following giving further detail regarding ANY "yes" answers on a separate sheet and attach it to the application form. This is **vital** to secure proper care for your child at camp. All information is confidential.

Does the camper take any medication? <small>(if yes outline what, dosage &amp; purpose)</small>	Y/N
Is the camper allergic to any of the following? <input type="checkbox"/> Bee stings <input type="checkbox"/> Penicillin <input type="checkbox"/> Other... <small>(specify what &amp; degree of reaction on separate sheet)</small>	Y/N
Is the camper on a special diet? <small>(eg: Vegetarian)</small> <small>(If yes please attach details)</small>	Y/N
Operations or serious illnesses?	Y/N
Learning/behavioural difficulties?	Y/N
Sleep Walking?	Y/N
Bed Wetting?	Y/N
Is the camper challenged in any of the following areas? Physical, emotional, mental?	Y/N
Can the camper swim?	Y/N
How many metres?	
Is there anyone legally restricted from seeing the camper? If yes who? .....	Y/N

I confirm that the particulars given on the accompanying confidential medical questionnaire are correct and accept responsibility for the declaration above. I understand that photos and video of my child may be taken during the program and used in promotion of future events and give permission for these to be taken and used. I give permission for my personal details and information to be kept confidentially and used by Challenge Camp.

**Signed:** ..... **Date:** .....  
(Parent / Guardian)

### INDEMNITY

**Please read, sign and date the following.**

My signature below indicates my willingness to permit my child to participate fully in all activities associated with Challenge 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, the Uniting Church in Australia, its 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 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 Staff to secure proper treatment for and/or order hospitalization, injection, anesthetic or surgery for my child as named. I understand that every effort will be made to contact me prior to instituting such procedures.

**Parent/Guardian signature certifying acceptance of all conditions thereon.**

**Signed:** ..... **Date:** .....  
(Parent/Guardian)

# Payment Information

## Camp Fees

**Note:** Full payment for camp must be made by Wednesday the 23rd of September 2009.

Full payment received before August 28 <sup>th</sup>	\$300.00
Full payment received after August 29 <sup>th</sup>	\$330.00

## Fee Inclusions

All meals, accommodation, activities, administration, site fees and a camp T-Shirt.
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Challenge Camp does not make a profit. Challenge Camp leaders each pay the same camp fees as the campers.

For this reason there is not a sliding scale for multiple bookings from the same family. However, should you require any financial assistance do not hesitate to call the Camp Registrar. Arrangements are always possible!

## Liam Chapman (Camp Director)

m] 0421 706 714  
e] liamchapman@me.com

**All forms need to be posted to:**

**Challenge Camp  
3/115 Lagoon Street  
Narrabeen 2101**

After receiving application forms, all required information regarding what to bring to camp, pick up and drop off details and contact information for reaching your child during camp will be posted to you. This information is also available on the web:

[www.challengecamp.org.au](http://www.challengecamp.org.au)

For any further information you require please contact the registrar.

# Payment Instructions

Please tick one option.

**Option 1:** Internet Transfer  
(PREFERRED)

Internet transfers **MUST** include the camper's **FULL NAME** in the *description* section of the transfer.

Please also notify us immediately via email when you have made your deposit. Include the camper's name, amount payed and date.

[liamchapman@me.com](mailto:liamchapman@me.com)

Each person requires an **individual** transfer. Family payments of this nature can **not** be made in a single transaction.

**BSB:** 062109  
**Acc No:** 1011 3448  
**Acc Name:** Challenge Camp

**Option 2:** Cheque / Money Order

Made Payable to: Challenge Camp

Mailed with application form to:

Challenge Camp  
3/115 Lagoon Street  
Narrabeen 2101

## Cancellations

Cancellation before September 23 <sup>rd</sup>	\$50 administration fee retained by Camp.
Cancellation after September 24 <sup>th</sup>	No refund possible