

REGISTRATION FORM For Holiday Camps



OFFICE USE ONLY

Code: _____
 Date R'cd: _____
 Paid: \$ _____
 Receipt: _____
 Cash /Eftpos _____
 Invoice to: _____

Camper's Details

Name: _____
 Postal Address: _____ P/Code: _____
 DOB: _____ Phone: _____ Grade: (in year camp is being held) _____ [] Male [] Female
 Primary Contact Email: _____
 Name of School attending: _____
 Name of Church attending (optional): _____
 Camper is:
 [] New to Camp Clayton Holiday Camps. WELCOME! How did you hear about us? _____
 [] Returning. AWESOME - Welcome back!

Camp Details

Which camp are you registering for? _____ Start Date: _____ Finish Date: _____
 Which camper/s would you like to room with? (While we attempt to respect your choice, this may not always be possible)

 If arriving **by bus** please list details:
Arrival: Name of bus: _____ Arrival time in Ulverstone: _____ am / pm
Departure: Name of bus: _____ Departure time from Ulverstone: _____ am / pm

Parent/Guardian/Carer Details

1 Parent, Guardian or Carer Information

Name/s: _____
 Relationship to Camper: _____
 Primary Contact Number: _____
 Secondary Contact Number: _____

2 Alternative (Emergency) Contact

(Please list someone not living with you)
 Name/s: _____
 Relationship to Camper: _____
 Primary Contact Number: _____
 Secondary Contact Number: _____

Camper lives with: [] Mum [] Dad [] Both [] Other (please specify) _____

Payment Details

EITHER show applicable Camp Fee at full price \$ _____

OR show Early Bird Fee (only available if **received in full** at Camp Clayton by due date shown on website) \$ _____

Deduct Voucher Price – Please provide voucher code here: _____ - \$ _____

Optional: Tax Deductible Donation* [] Camp Clayton or [] Children's Support Fund + \$ _____

Total Amount Payable for Camp \$ _____

Amount Enclosed (minimum deposit required is **\$20/\$35 for Day Camps**) [] Credit Card \$ _____

Credit Card Type _____ Name on Card _____ Expiry Date: ____/____

Credit Card Number _____/_____/_____/_____ CCV (3 numbers on back of card) _____

Authorising signature: _____

Please note: We prefer to process payments via our internet gateway E-Way. This process is safe and secure. If you would rather your payment processed through our EFTpos terminal please let our office know on the number below.

* Donations to Funds are Tax deductible. Income Tax Receipt will be sent. Brochures available on request.

Mailing your Registration

Please ensure you complete both sides and use a separate form for each registration (photocopies accepted).

Mail your registration form to **Camp Registrations, Camp Clayton, PO Box 3184, Ulverstone 7315.**

A reply letter will be sent confirming your registration (Please note registrations are not accepted without a deposit).

Enquiries - Phone during office hours on 6425 1893 or email youthwork@campclayton.org.au

MEDICAL HISTORY - To be completed by parent/guardian

Does your child experience, or have they ever experienced any of the following: *Please tick all that apply*

- [] Allergies (To pollens, medications, food*, insect bites or other) [] Major illnesses / injuries during the last year
 [] Physical / Mental Condition [] Behavioural Condition [] Diabetes [] Heart Trouble
 [] Epilepsy / Seizure Disorder [] Physical Disability [] Asthma [] Other

If yes, please provide details: _____

Does your child have any dietary requirements? _____

Please list the severity of your child's diet: [] mild [] serious* [] fatal*

*If your child has a serious/ fatal food allergy of any type, please contact us to fill in a separate special diet form or visit:

<http://www.campclayton.org.au/critical-and-special-diets.html>

Date of last tetanus shot: _____ Current Medicare N^o (for child): _____

It is Camp Clayton policy that no medications are administered by Camp staff or leaders without prior arrangement with parents/guardians. This arrangement is made by the completion and signing of the "Medication Form" which will be included with your confirmation letter (ie for medications provided by parents as necessary for current conditions) or as advised by medical staff on consultation. The only exceptions to this are paracetamol and head lice treatment which may be administered with the following consent:

[] I give permission for paracetamol to be administered to my child in the case of mild pain.

[] I give permission for my child to be treated for head lice if required – PLEASE NOTE: If head lice are detected and permission has not been given then parents/guardians are required to pick their child up for treatment before the child can return to camp.

CONDITIONS OF REGISTRATION**Legal Guardianship**

The parents / guardians submitting this application must be those having legal custody over the child. Please notify us in writing prior to camp of any special custody arrangements that prevent access.

Authorisation to pick up and/or visit your child

At registration time on the first day, you will be asked to nominate the person/s authorised to pick up your child at the end of camp and also the names of anyone authorised to visit your child during camp. If any person other than those authorised by you wish to take your child off-site or visit your child during camp or pick up your child on the last day, we will require written and signed permission from yourself.

Cancellation Policy

Camp Clayton has the following policies in relation to cancellation of holiday camps: Cancellations must be made at least one week prior to camp. Such cancellations will forfeit their deposit only and any remainder paid will be returned (please allow two weeks for processing). No refunds will be paid for late cancellations or dismissals due to disciplinary action. Refunds of fees (less deposit) will be considered (management discretion) when sickness prevents attendance or causes departure.

Disciplinary Action

In the event Camp Clayton staff decide that a child must be sent home for disciplinary actions, it is the parent/guardian's responsibility to organise transport to pick up the child as soon as possible.

Special Needs

If your child has a serious health or developmental/physical issue that we should be aware of, please provide advance written notification and discuss with Youth Work Coordinators at Registration on the first day.

Medical Attention

The signature of the parent/guardian below on this application shall give the Staff acting on behalf of Christian Youth Centre Inc (Camp Clayton) the right to arrange for any necessary medical attention required and charge the same to the parent/guardian.

Professional Assistance Services

Christian Youth Centre Inc (Camp Clayton) provides qualified professional assistance services to campers for the duration of CYC run camps. These services may be made available to your child while at Camp at the discretion of the Camp Clayton Youth Coordinators and Ministry Supervisor.

Refusal of Registration

Camp Clayton reserves the right to refuse the registration of any person into a Camp Clayton run and operated camp or program. Reason for refusal can be under our duty of care, if that person may create a risk to themselves or other people, or if Camp Clayton do not believe they have the skills, expertise, experience or resources to safely take care of that person while attending that camp.

Photo Permission

During our events (including Holiday Camps) we often take photos of our activities. By registering for this event you are giving Christian Youth Centre Inc (Camp Clayton) permission to use photos of yourself and your children in promotional materials (eg newsletters, brochures, website.) If you do not provide this permission then please write to: Iain Anderson, Ministry Supervisor. PO Box 3184 Ulverstone, 7315 or email ministry@campclayton.org.au This opting out must be done by registration closing date for the camp in question.

Terms and Conditions

We reserve the right to change these terms and conditions at any time, and you agree to abide by the most recent version.

PARENTAL PERMISSION - Signature required

Declaration - I have read and agree with the conditions and policies outlined above: (parent/legal guardian to sign)

Printed Name: _____ Signature: _____ Date: _____