# School Holiday Program, 11-15/01/2021

# Allambee Camp Registration Form

**No camper is to attend camp if feeling unwell, even if they have non COVID-19 like symptoms, and a full refund is given.**

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| **Name of child**   | **Date of Birth**   |
| **Name of parent/guardian, which is also the contact in case of an emergency** **Relationship**   **Contact phone numbers**   |
| **Address**   | **Email Address**  |
| **Attendance: My child would like to stay**  **days.**5-day camp, **$480 incl. GST per child**4-day camp, **$385 incl. GST per child**3-day camp, **$290 incl. GST per child**2-day camp, **$195 incl. GST per child** |

**CONFIDENTIAL MEDICAL INFORMATION**

All information provided is kept confidential and is used for the care of the child during the camp and in case of an emergency. The medical information on this form must be current when the program is run. Parents are responsible for all medical costs if a child is injured on camp.

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| **Medical History** | **Please tick either yes or no**  | **Provide detailed information** How serious is it? What is it? When? Has it fully recovered? Any known triggers? Anticipated management needed? |
|  | **YES** | **NO** |  |
| Asthma |   |   | If YES you will be required to complete a “**Asthma Management Form”**  |
| Allergies/Anaphylaxis |   |   | In case of Anaphylaxis and severe allergies we require a copy of the Action Plan for Anaphylaxis / Allergies. For mild allergies please note below:  |
| Diabetes |   |   |  |
| Epilepsy |   |   |  |
| Joint/muscle/bone issue |   |   |  |
| Sight/ hearing impairment |   |   |  |
| Any serious injuries/illness in the last 12 months |   |   |  |
| Other medical condition that may affect participation |   |   |  |
| Bedwetting |   |   |  |

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| Learning issues, psychological, emotional or behavioural issues (to assist us in understanding and managing the child) |   |   |  |
| **Medication**Is your child taking any medication(s)? If yes, provide the name of medication, dose and describe when and how it is to be taken.  All medication must be given to the camp leader-in-charge. All containers must be labelled with your child’s name, the dose to be taken as well as when and how it should be taken. The medication will be kept by camp staff and distributed as required. |
| Medicare number  |
| Private health insurance fund & member number  |
| Ambulance subscriber? If yes, member number  |
| Name & location of family doctor: Phone number:  |
| **COVID-19 related questions** (please answer with yes or no)Do you have any cold or flu like symptoms such as fever, chills, cough, tiredness, runny nose, sore throat, shortness of breath, loss of sense of smell or taste?Do you have a temperature over 37.5°?Have you been in contact with someone that is a confirmed COVID-19 case?Have you returned from overseas in the past 14 days or have been directed to quarantine?**If you answer any of these questions with “yes”, please provide written medical clearance for camp. No campers are allowed to attend camp if feeling unwell.** | YES     | NO     |
| **Swimming Ability** (please tick)🞏 Non-swimmer (cannot support him/herself in water)🞏 Novice (can support him/herself in shallow water)🞏 Intermediate (can support him/herself in deep water)🞏 Advanced (can support him/herself and is very confident in deep water) |
| **Consent to photography/video** **Yes**, I consent to Allambee Camp using photographs or videos taken during the school holiday program that includes the above-mentioned child and using it in advertising and publications. Any inappropriate photography is NOT PERMITTED. **No,** I prefer Allambee Camp not taking any photographs/videos of the above-mentioned child. |
| **Conditions of participation in school holiday program**Your child needs to be comfortable in a group environment i.e. activities, catering and accommodation. Please note that Allambee Camp does not provide a 1:1 support for children. Also your child needs to be able to shower/toileting and go to bed independently, with a supervisor nearby. **Yes**, my child is comfortable in a group environment (supervision 1:10) and does not need 1:1 supervision. **Yes**, my child can shower, go to the toilet and go to bed independently (supervisor nearby). |

**CONSENT TO PARTICIPATION IN ACTIVITIES AND URGENT MEDICAL ATTENTION**

I, the undersigned, hereby consent to the above-named child, to participate in the Allambee Camp School Holiday Program.

I acknowledge that the child mentioned above will be undertaking outdoor adventure activities at Allambee Camp. Some activities are conducted at heights in an outdoor adventure environment and are therefore inherently risky. Allambee Camp instructions given during Safety Briefings and during excursions need to be adhered to at all times.

I understand Allambee Camp needs all relevant information about the child’s health & capabilities and that if I fail to provide this information the staff will not be able to take appropriate action to limit the risk of harm to the child.

If the child’s negligence results in harm, I will take responsibility for these actions and not hold Allambee Camp responsible.

In the event of an accident or emergency involving the above-mentioned child, I authorise Allambee Camp staff to obtain all the necessary first aid, medical assistance and treatment as may be required. I agree to reimburse Allambee Camp for all expenses incurred in relation to such assistance and treatment.

I hereby release to the full extent permitted by law Allambee Camp and its staff and agents, from all claims and demands of every kind for any accident, harm or loss, which the child named above may suffer or I may suffer in consequence.

I hereby indemnify Allambee Camp and its staff and agents to the full extent permitted by law for any loss, damages, expenses, claims, actions and suits brought for and on behalf of the child named above and arising out of or in any way connected to Allambee Camp.

In submitting this form the child agrees to abide by the camp rules and schedule, including attending all programmed activities and meals on time. The child understands that unacceptable behaviour such as not abiding by the camp rules, bullying in any form, violence or abuse of any kind, will result in parents/guardians being contacted and mayresult in parents/guardians being asked to collect the child at any given time.

I confirm that I have read, understood and explained this waiver to the child prior to signing it. I agree that this agreement will be binding on my (and their) heirs, next of kin, executors and administrators. I agree that this waiver shall be governed in all respects by and interpreted in accordance with the laws of Victoria Australian.

Signature of parent/guardian: Date:

**Next steps**

**1. Get the form to us**

Scan or take a photo of all pages & email to info@allambeecamp.com.au or text to 0498 00 69 19.

**2. Payment**

The spot for your child will be confirmed as soon as we receive your payment. Payment into our bank account must be received before arrival.

Bank details of Allambee Camp are as follows:

Commonwealth Bank BSB 063-532, account number 10403952. Please use camper’s name as reference.

**Thank you!**

We look forward to welcoming your child here at Allambee Camp