

Registration Form (One Camper per Form)

Name:

Preferred Name: Gender: M / F

Date of Birth:

Email:

Address:

Town: P/Code:

Home Phone: Mobile Phone:

Church / Faith Group you are associated with? (if applicable)

Bus Location

- Wallumbilla / Yuleba Roma
- Mitchell Injune

School you attend and grade you are in:

Special Friend. (if there is one special friend to be in a team with, list here. If there is a major conflict with another child, please note below.)

Parent Guardian Information

Name:

Email Address:

Home Phone: Mobile Phone:

Emergency Contact

Name:

Emergency Contact Number:

Medical Information

Allergies (tick any relevant)

- Bee Stings Insect Bites Peanuts
- Penicillin Other foods Other drugs

If other, please provide details

Medical Conditions (tick any relevant)

- Blackouts/Fainting Asthma/Breathing
- Migraine/ Headaches Epilepsy
- Travel Sickness Recent Illness / Hospitalisation / Surgery
- Heart Condition Diabetes

If other, please provide details:

Any medication that will need to be administered during camp?

Medicare Number & Expiry:

Private Health Fund Name & Member #

Date of last Tetanus Booster:

Do you authorise the use of paracetamol should the need arise?

Family Doctor Details:

DAY CAMP ROMA 2015!

An activity of the Redlands



"Fairview" Dargal Rd, ROMA
Roma
Tuesday 7th - Thursday 9th July!



Please register online @

<http://events.clevelandunitingchurch.com>

Or complete and return this form to:

Day Camp Roma 2015 Registrations
PO Box 242, ROMA Q 4455

Please register by no later than the 4th July

Cost

\$50 per child for the week

Discount of \$5 per child for 2nd child and over in one family.

If you have registration enquiries please contact

Rev. Stephen Rothery (Cleveland)

0411 714 201

Youth-families@clevelandunitingchurch.com

Please direct any other enquiries to:

Rev. Faye Talatou (Maranoa Uniting Church Minister) 0434 399 773 OR Jodie Beitz 0416 221 191

Day Camp 2015

Dates: Tuesday 7th July – Thursday 9th July

What is Day Camp is a learning & adventure programme run over 3 days for primary school age children. The campers can participate in adventure games, singing and craft activities, gunyah making, challenge activities, sports & more. It also involved a large number of adult and high school aged leaders and helps to make it possible.

Day Camp is a way young people can be introduced to the love God has for them, the sense of community that comes from living in a camping environment, and a way they can appreciate the wonder of God's creation.

Transport to & from day camp: Buses will depart from nominated locations for each zone in order to arrive onsite at the camp by 9am each morning. Buses will depart at 3.30pm each after and return to nominated locations as detailed in Camper Registration Information.

Cost: The cost for the camp is \$50 per child for the entire week. This includes transportation to / from the site each day as well as all activities. You can pay by cheque or online at the event registration link:
<http://events.clevelandunitingchurch.com>

If paying by cheque please make cheque payable to: Roma Day Camp

Clothing: everyone must wear long pants or jeans with covered footwear. The terrain and activities are more suited to these. Make sure you wear clothes that can get dirty!

Food: you will need to provide your own lunch each day. It can be something cold or something to cook on a BBQ.

Billeting

Roma based campers

Would you be interested in billeting campers from Mitchell or Injune for the Tuesday & Wednesday night of camp? If yes, please check this box and one of our camp directors will be in touch.

Mitchell or Injune Campers

Would you require / be interested in being billeted in Roma for the Tuesday & Wednesday night of camp? If yes, please check this box and one of our camp directors will be in touch.

This will be pending availability of campers and homes in Roma.

Miscellaneous

Any other comments or information not already covered:

If you do not want to be informed of other youth and families activities, please tick this box

Media Release

We request that you indicate whether you are, or are not willing for photography or video footage of your child/ren to be taken either within a group experience, or involved individually for use in:

- Group/Team photo given to participants
- Multimedia presentations in a church context
- Promoting the event in different media contexts (e.g. UCA publications, church website, Facebook)

If you do not authorise your child/self to be photographed for a group photo and during group activities please tick this box.

Indemnity

Terms below accepted by the camper if aged 18 years or over, or the campers parent or legal guardian if under 18.

I am willing that I / my child should participate in the camp to be held 7/7/2015-9/7/2015 I acknowledge that the nature of the activities at the camp may include, but may not necessarily be limited to hiking, swimming, outdoor games, communal accommodation, communal eating, cooking over open fires and worship.

I understand that these and other activities participated in the camp can be hazardous and that I / my child participate at my / his / her own risk. I understand that the church will take reasonable steps to provide a safe environment for me / my child and to ensure that all equipment supplied by them for the activities are of a reasonable standard.

I acknowledge that the church will not be liable for any injury that may be suffered by me / my child, which arises either directly or indirectly from, or in connection with, the activities at the camp. I hereby agree to indemnify the church against any and all claims arising from, or in connection with, any injury that may be suffered by me / my child, or that me / my child may cause to another person, arising either directly or indirectly out of or in connection with the activities at the camp.

I agree that the church may authorise on my / my child's behalf whatever medical treatment I / he / she may require where it is impracticable to communicate with me. (This includes, but is not necessarily limited to, ambulance attendance and hospital treatment). I agree to pay all medical expenses incurred. I understand that every practical effort will be made to contact me in the event of any illness or accident.

Signed: _____ Date: _____