

Registration Form (One Leader per Form)

Name: _____
Preferred Name: _____ Gender: M / F
Email Address (individual / family) _____

Address: _____
Town: _____ P/Code: _____
Home Phone _____ Mobile Phone _____
Church / Faith Group you are associated with? _____

Preference to Lead a group / run a specific activity? _____

School you attend and grade you are in (if applicable) _____

Parent Guardian Information (Must be completed if under 18)

Name _____
Email Address _____

Address _____
Town _____ P/Code _____
Home Phone _____ Mobile Phone _____
Signature _____

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!



What is Day Camp Roma?

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.

The Go West portion of the camp is where the Redlands Uniting Church can make use of their experience running Day Camps and partner with a rural community to start their children's holiday activity.

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:

Please direct 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

Training / Set Up Day: The compulsory training and set up day is on Monday the 7th of July on site. Setup will start at about 8am and all training and set up concluded by 3pm. Please arrange own lunch and transport to and from the training day.

Debrief: A debrief will be held on the Friday 10th July with lunch provided. Further details will be provided on the Thursday afternoon.

Transport to & from day camp: Bus only for helpers or bus/own transport for leaders. Buses will be used to travel/to from Roma each day. Please be at your location 15 minutes prior to the departure time to assist with the campers and to help the Bus Monitors. Day camp will finish at 3pm each day, with buses arriving back by about 3.30pm.

Cost: For those based in Roma there is NO COST to be a leader or a helper on Day Camp. The only expectation is that you will be present for the duration. If you are travelling from the Redlands the cost is \$110. This is to cover the bus, food & fuel for the trip out there. If required, please pay by cheque made out to "Redland Uniting Youth & Children's Ministry" and include it in with this registration form. Those who are participating through Churches of Christ should contact _____ for costs and payment requirements and return this form regardless.

Clothing: everyone must wear long pants or jeans with covered footwear. The terrain and activities are more suited to these.

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

Emergency Contact

Name: _____

Emergency Contact Number _____

Blue Card Details (only applicable if you are over 18)

Name as on Blue Card _____

Blue Card Number _____

Blue Card Expiry _____

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 6/7/2015-10/7/2015 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: _____