

**“The Jungle Fever” Kids Camp 2011
at the Christian Youth Centre
Scotts Head
Jan 3rd 3p.m. to January 9th 9a.m.**

Last Name Date of birth
 Given Name/s Year at School M/F
 Address Town Postcode
 Phone Mobile

Alternate emergency contacts

1. Name Relationship to child
 2. Name Relationship to child

Please give details of:

- a. Any person(s) not permitted to contact or collect your child while in the care of CYC Kids Camp leaders
- b. Any court order related to such.

Safety and Care Details

Are there any medical, dietary or care issues which require special attention that we should know about? **Yes** **No** .
 If yes please list below; **include any and all** hearing or sight impairment, ADD, ADHD, allergies (e.g. Bee stings, penicillin, aspirin, peanuts, other (food), medicines, behavioural issues, custody order, formal counselling, or any other issues that may affect their safety and care. Attach a separate sheet if required.

Is your child presently taking any medication? **Yes** **No** If yes, please give details

What year did your child last receive a tetanus injection?		Please list Medicare number
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Medical/Hospital Fund No.....

Name of Family Doctor Phone

I give permission for (person's name) to collect my child..... at the end of camp.

Your child's swimming ability - can't swim poor swimmer average swimmer good swimmer **(tick box)**

I give permission for photos of my child taken at the above Camp to be displayed in a public place (e.g. church presentation) unless I explicitly advise otherwise.

Where it is impractical to communicate with me, I authorise the Leader in charge of the abovementioned group to arrange for my child to receive such medical treatment as the Leader may deem necessary at any time during the activities of the camp. I further authorise the use of an ambulance if it is necessary in the Leader's judgement. I accept full responsibility for payment of all expenses associated with such treatment. I accept that the Leaders of the abovementioned group will take every care and that the Leaders and Helpers cannot be held responsible for personal injury, loss or theft of property affecting my child.

Name (please print)

Signature Date

Please Return this form with \$60 deposit to:- “Jungle Fever Kids Camp” Christian Youth Camp, 7 Banksia Cres., Scotts Head NSW 2447

**Full amount of \$165 to be paid before or at the beginning of camp
Applications close on the 5th December 2010**

Please attach Cash or Cheque

Please make out any cheques to “Christian Youth Centre”

*The “Jungle Fever” Kids camp is an activity of the Christian Youth Centre,
an interdenominational organization working together with local churches*