

**“Surf N’ Sand Secret Agents” Kids Camp 2012**  
**at the Christian Youth Centre**  
**Scotts Head**  
**Jan 3<sup>rd</sup> 3p.m. to January 9<sup>th</sup> 9a.m.**

Last Name ..... Date of birth .....

Given Name/s ..... Year at School ..... M/F .....

Address ..... Town ..... Postcode .....

Phone ..... Mobile ..... email .....

**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

Does your Child require a carer at school? **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 advice 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 \$70 deposit to:-** “Surf N’ Sand Secret Agents Kids Camp” Christian Youth Camp, 7 Banksia Cres., Scotts Head NSW 2447.

**Full amount of \$170 to be paid before or at the beginning of camp**  
**Applications close on the 5<sup>th</sup> December 2011**

Please attach Cash or Cheque

Please make out any cheques to “Christian Youth Centre”

*The “Surf N’ Sand Secret Agents” Kids camp is an activity of the Christian Youth Centre,  
an interdenominational organization working together with local churches*