

Please use one form per child per camp

# CAMP APPLICATION

**YMCA Camp Warrawee**

81 Byrnes Road North, JOYNER Qld 4500

Phone: 07 3882 1436

Fax: 07 3882 1951

Email:

[campwar@ymca.org.au](mailto:campwar@ymca.org.au)

Web Page:

[www.campwarrawee.com](http://www.campwarrawee.com)

Please post/fax/email the completed application form early to ensure placement for your child.

Late applications are subject to availability

Phone bookings will not be accepted

Please tick the camp your child will be attending and the weekly/daily requirements

**Camp Number:** **6**  15-19/12/08 **7**  22-24/12/08 **8**  5-9/1/09 **9**  12-16/1/09 **\*10**  19-23/1/09  
 \*= Days only – no overnight stays

- staying for the full camp - arriving Monday, staying over nights and leaving Friday
- staying for part of the camp only- please tick the appropriate day/s and night/s

<b>Monday</b>	Day <input type="checkbox"/> \$35	Night <input type="checkbox"/> \$20.00	<b>Thursday</b>	Day <input type="checkbox"/> \$35	Night <input type="checkbox"/> \$20.00
<b>Tuesday</b>	Day <input type="checkbox"/> \$35	Night <input type="checkbox"/> \$20.00	<b>Friday</b>	Day <input type="checkbox"/> \$35	
<b>Wednesday</b>	Day <input type="checkbox"/> \$35	Night <input type="checkbox"/> \$20.00			

CAMPERS' FULL NAME: \_\_\_\_\_

Home Address: \_\_\_\_\_ Suburb \_\_\_\_\_ P'code \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Male  Female Age \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Religion: \_\_\_\_\_ School \_\_\_\_\_ Current Grade at School (2008): \_\_\_\_\_

My child's nationality is: Aboriginal  Torres Straight Islander  Other  \_\_\_\_\_ Language spoken at home \_\_\_\_\_

I would rate my child's swimming ability as: Good  Average  Poor  Non swimmer

Please place them in the same group as: (one friend's name only) \_\_\_\_\_

I have a special skill / hobby I would like to share with the children. No  Yes  If yes what skill/hobby \_\_\_\_\_

### PARENT / CAMPER AGREEMENT

Parent / Guardian Name Mr Mrs Ms \_\_\_\_\_ (Please print)

- I give permission for my child to participate in all activities run or organised by the camp.
- I give permission for my child to watch G and PG rated video / DVD's.
- I give permission for my child's photo to be taken by YMCA staff and used in promotional materials and camp certificate.
- I understand that my child's name and photo may appear on the camp certificate issue at the end of camp.
- I give permission to camp staff to obtain all necessary medical, hospital and ambulance services as required by my child at my expense.
- I understand that YMCA staff / camp leaders will take all possible care but will not be liable for any injury or accident, or for damage or loss of property.
- I understand that in the case of unacceptable behavior campers will be sent home from camp at my expense.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**PRIVACY POLICY:** The YMCA Privacy Policy can be located on our website, or a copy is available on request.

**FEE PAYMENT** - Cheques and money orders payable to **YMCA of Brisbane.** Card Type Bankcard / Visa / Mastercard

Please debit my CREDIT CARD Card No: \_\_\_\_\_ Expiry Date \_\_\_\_/\_\_\_\_

Card Name \_\_\_\_\_ Signature \_\_\_\_\_

I am claiming weekly Child Care Benefit rebate Yes  No  I am claiming lump sum end of year Tax rebate Yes  No

If you are claiming either of the above you must supply the following information and your date of birth.

My family CRN is \_\_\_\_\_ My child's CRN is \_\_\_\_\_

If you have another child in care please advise our office, or you will be charged for a single child fee.

Office Use Only: Amount \$ \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Receipt No \_\_\_\_\_

CAMPERS' FULL NAME: \_\_\_\_\_

Custody/court orders?      Yes      No      If yes, copy required

**MEDICAL INFORMATION** - This information is needed for every camp your child attends  
*If there isn't enough space please be more specific with an accompanying letter*

Medicare No.....

Family Doctor..... Phone .....

Is your child fully immunized for their age?      Yes       No

Is regular medication to be taken on camp?      Yes       No       If yes please specify

.....Dosage.....

- **All medication must be in the original medication container** with your child's name and correct dosage - this includes over the counter medication (e.g. Paracetamol).
- Please include a **medical practitioner's letter or pharmacist's printed instructions** for prescribed medication.
- Please include written permission to administer over the counter medication (e.g. Paracetamol).
- **All medication must be supplied by the parent/guardian** - this includes over the counter medication

Identify any information relating to medical conditions, allergies and behavior problems, cultural or religious requirements.

Please be specific and include management strategies to help your child feel comfortable while at camp, and their camp leader understand your child.

.....

..... **Action Plan** supplied    Yes     No

Child's Dietary Requirements.....

Other problems the camp needs to be aware of e.g. Bed wetter.....

**Parents/Guardian Information:**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Occupation: \_\_\_\_\_

E-Mail: \_\_\_\_\_

E-Mail: \_\_\_\_\_

I give permission to be contacted by e-mail:      Yes     No

I give permission to be contacted by e-mail:      Yes     No

Date of Birth \_\_\_/\_\_\_/\_\_\_    Work Place \_\_\_\_\_

Date of Birth \_\_\_/\_\_\_/\_\_\_    Work Place \_\_\_\_\_

Ethnicity: \_\_\_\_\_ Language Spoken: \_\_\_\_\_

Ethnicity: \_\_\_\_\_ Language Spoken: \_\_\_\_\_

Relationship to the camper \_\_\_\_\_

Relationship to the camper \_\_\_\_\_

**Emergency contacts and authorised people to collect child other than parent/guardian:**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship to the camper \_\_\_\_\_

Relationship to the camper \_\_\_\_\_

H Phone: \_\_\_\_\_ M: \_\_\_\_\_

H Phone: \_\_\_\_\_ M: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_