SCHOOLIES 2010
DRUG AND ALCOHOL FREE EVENTS

SU QLD camps FOR THE TIME OF YOUR LIFE

WELCOME AND THANKS FOR APPLYING TO COME ON CAMP WITH SU QLD. OUR EVENT DIRECTORS AND THEIR TEAMS WILL RUN OVER 60 SAFE, JAM-PACKED AND MEMORABLE CAMPS ACROSS THE STATE IN 2009, AS ONE OF OVER 3,000 PARTICIPANTS WHO WILL JOIN US THIS YEAR WE ARE CERTAIN YOU WILL HAVE A BRILLIANT TIME!

PERSONAL CONTACT DETAILS

Program Applied for P5

Campers Given Name ..... Surname .....

Preferred Name ..... ☐Male ☐Female

Date of Birth ..../..../.... Grade .....

Address .....

Suburb ..... Postcode .....

Camper's Mobile ..... Email .....

School .....

Church (if any) .....

Parent or Guardian's Name .....

Relationship ..... Contact Home ( ) .....

Contact Daytime ( ) ..... Mobile .....

In the case of an emergency, please provide an **additional** contact person in case we cannot reach you.

Name .....

Relationship ..... Phone .....

Do you consent to appropriate use by SU QLD of photographs taken on the program that include your child? ..... ☐Yes ☐No

Do you consent to your child travelling in a leader's car, within SU Qld's Camping Policies? ..... ☐Yes ☐No

Do you consent to a leader continuing contact with your child after the event, within SU policy guidelines and with your full knowledge of details and purpose? ..... ☐Yes ☐No

Are there any family, behavioural or medical conditions which require special attention we should know about, e.g. hearing or sight or other impairment, ADD or ADHD, court orders or custody issues, formal counseling situations, or any other? .....

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MEDICAL INFORMATION

Please indicate if any of the following apply to your child, where necessary please note the details or attach a full explanation to this booking form.

Asthma ..... ☐Y ☐N
Appendicitis ..... ☐Y ☐N
Bronchitis ..... ☐Y ☐N
Chicken Pox ..... ☐Y ☐N
Diabetes ..... ☐Y ☐N
Heart Problems ..... ☐Y ☐N
Measles ..... ☐Y ☐N
Mumps ..... ☐Y ☐N
Pneumonia ..... ☐Y ☐N
Tonsillitis ..... ☐Y☐N
Ear Infections ..... ☐Y ☐N
Migraines ..... ☐Y ☐N
Epilepsy/Fits ..... ☐Y ☐N
Fainting/Dizziness ..... ☐Y ☐N
Glandular Fever ..... ☐Y ☐N
ADD/ADHD ..... ☐Y ☐N
Special Dietary Requirements ..... ☐Y ☐N
Allergy – foods ..... ☐Y ☐N
Allergy – other ..... ☐Y ☐N
Drug reactions (eg Penicillin allergy) ..... ☐Y ☐N
Travel Sickness ..... ☐Y ☐N
Recent broken bones/illness ..... ☐Y ☐N
Sleepwalking ..... ☐Y ☐N
Bed wetting ..... ☐Y ☐N
Any restrictions on activities ..... ☐Y ☐N
Can your child swim? ..... ☐No ☐Fair ☐Well
Can your child be given Panadol as a pain killer ..... ☐Y ☐N
Date of last Tetanus booster ..... ___/___/___
Will your child need to take Medication while on camp ..... ☐Y ☐N
(If yes please complete details on the Travel & Medication form that will be sent to you with the Camper Letter prior to camp)

Medicare Number ..... Number on card ..... Expiry Date ..../..../....

HOW TO REGISTER

Post this completed form, with your payment details, to the nominated person (not SU Qld unless otherwise stated) prior to the event. Apply early to avoid disappointment.

- On rare occasions a camp may need to be cancelled for reasons beyond our control (eg: low camper enrolment, matters of safety and care, etc.). In these situations we will endeavour to place your child on another camp or organise a refund.
- A Camper Letter will be mailed prior to camp, including more details about the program, what to bring and site contact details. The Event Director will also include a form for you to complete regarding travel arrangements and Medication to be taken while on camp (if applicable).
- Some financial help may be given in cases of genuine need – enquiries made through the Event Director.
- Bookings cannot be made over the telephone, though enquiries are most welcome.
- SU Qld may withhold a late cancellation fee.
- SU Qld reserves the right to reject applications.

PAYMENT DETAILS

I have included $ ..... in payment of camp fees.

PAYMENT METHOD

☐MONEY ORDER & ☐CHEQUE - Please make payable to SU Qld
(Please Include the name of the camp on the back of the cheque)

OR

☐CREDIT CARD: I authorize SU Qld to deduct my
☐Visa ☐MasterCard

Card Number ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

Name on Card .....

Expiry Date .....

Signature .....

Parent/Guardian Name .....

☐Father ☐Mother ☐Guardian Date ..../..../....

☐Please send me a Child Care Rebate receipt.

☐I would like to sponsor other students to attending SU Qld camps (non tax deductible).
☐$20 ☐$50 ☐$100 $.....
☐Please add to my payment above
OR
☐Send me more information

PROTECTING YOUR PRIVACY

Protecting your privacy is important to us. The information we seek allows us to manage risk, provide reasonable care and administrate your involvement in our program. We are careful to keep your information confidential, and provide it only to those agents acting on behalf of SU QLD who need it to enable them to perform their agreed activities (e.g. First Aid officer). We will not use your information for other purposes. You are welcome to contact our office or visit www.suqld.org.au in relation to issues regarding your personal information and for a copy of our Privacy Policy.

We only ask for information that is necessary for the purposes outlined in this statement. In some circumstances if you don't provide us with all requested information you could miss the opportunity to be involved in our program.

Your Agreement With Scripture Union

I am aware in signing this document for my child's participation this program that certain elements of the program could be physically and emotionally demanding. Furthermore, I understand that certain inherent risks and dangers may exist in the activities in which my child will be participating. I acknowledge that while Scripture Union and its leaders will make every reasonable effort to minimise exposure to known risks, all hazards and dangers associated with these activities cannot be foreseen or may be beyond the control of Scripture Union, its leaders and staff. In the event of any emergency where my nominated contact people are unavailable:

- I authorise the leaders to obtain medical advice and/or assistance which they deem necessary.
- I further authorise qualified practitioners to administer anaesthetic if required.
- I accept all operation, blood transfusion and/or anaesthetic risks involved in the event that such procedures are deemed necessary.
- I accept the responsibility for payment and agree to pay medical, transport and any other related expenses.
- I confirm that the information contained in this application is true and correct.
- I agree to inform the leader of any change to these details.

I understand that the camp leaders will take all responsible care of my child whilst at camp and that SU Qld or its representatives will not be liable in any injury or accident, or for damage or loss of property. I give my consent for and agree to pay for any necessary medical treatment. I understand that in cases of unacceptable behaviour, campers will be sent home from camp.

Name of Parent/Guardian .....

Signature of Parent/Guardian ..... Date .....

CHILD PROTECTION STATEMENT OF COMMITMENT

SU Qld is committed to the safety and holistic wellbeing of all children and young people involved on our events. To ensure that children and young people are kept safe from harm, our staff and volunteers are required to possess a current blue card; agree to adhere to a code of conduct when working with children; and undergo training in child safety. SU Qld takes child protection and safety seriously and consequently has policies and procedures in place to ensure that your child has the best possible experience with us.

IF NECESSARY PLEASE ATTACH ANY RELEVANT PAPERWORK

WWW.SUQLD.ORG.AU/CAMPS