

# bike camp application form

→ places are limited and applications close on 20 September so get in early!

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 Scripture Union who need it to enable them to perform their agreed activities (eg First Aid officer). We will not use your information for other purposes. You are welcome to contact our office in relation to issues regarding your personal information.

TO ASSIST US IN FULFILLING OUR DUTY OF CARE, PLEASE PROVIDE AS MUCH INFORMATION ABOUT YOUR CHILD AS POSSIBLE

Child's name \_\_\_\_\_ Male or female \_\_\_\_\_

Date of Birth \_\_\_\_\_ School \_\_\_\_\_ Year \_\_\_\_\_

Home address \_\_\_\_\_ Postcode \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Email address \_\_\_\_\_

Do you consent to your child's contact details being included on the contact list provided to other campers?  Yes  No

Does your child have any special dietary requirements?  Yes  No

If so, please list them. We will endeavour to meet these requirements, and will contact you if there are any problems.

Can your child swim?  No  Fair Swimmer  Good Swimmer

Is your child prone to sleep walking?  Yes  No

Is your child prone to bed wetting?  Yes  No

Bike Camp only: Can you bring a tent?  Yes  No If yes, how many people does it sleep? Eg two-man \_\_\_\_\_

In the event of an emergency, please list phone numbers where you and a friend or relative may be contacted during camp.

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

How did you hear about Bike Camp? \_\_\_\_\_

Are there any conditions requiring special attention that we should know about, eg hearing or sight impairment, ADD or ADHD, behaviour issues, formal counselling situations, or any other? Please list here.

**PAYMENT - \$240 per child. Pay by 1 September 2009 and pay the earlybird price of \$220 per child.**

PAYMENT BY CHEQUE - please post this completed form together with a cheque made payable to Scripture Union NSW to reach us no later than 20 September 2009. Post to: Bike Camp Registrar PO Box 5066 Turrumurra NSW 2074.

PAYMENT BY ELECTRONIC FUNDS TRANSFER (EFT) - deposit funds directly into the Bike Camp bank account. Make sure you include a reference to BIKE CAMP in your transaction. Then fax this form, together with the remittance advice to 02 9440 9066. Account Name: Scripture Union NSW; BSB 032373; Account Number 116811.

→ Please fill in the health details on page two of this application form →

# bike camp health form

Private health insurer if applicable

Membership Number

Medicare Number

Do you have ambulance cover?  Yes  No

Year of last Tetanus injection

Will your child be taking any medication during the course of the program?  Yes  No

Important: Please note that in regards to non-prescription medications such as paracetamol (eg Panadol), it is our policy that leader team members do not provide medications.

If yes, please list the medication and condition requiring treatment:

Has your child been taken off medication recently?  Yes  No

If yes, please give details:

Has your child previously broken/fractured any bones?  Yes  No

If yes, please give details:

Please indicate if your child has had any of the following conditions recently and provide details if you answer YES to any of them.

| CONDITION      | Please circle | CONDITION          | Please circle | CONDITION       | Please circle | CONDITION         | Please circle |
|----------------|---------------|--------------------|---------------|-----------------|---------------|-------------------|---------------|
| Asthma         | YES/NO        | Diabetes           | YES/NO        | Glandular Fever | YES/NO        | Pneumonia         | YES/NO        |
| Appendicitis   | YES/NO        | Ear infections     | YES/NO        | Hyperactivity   | YES/NO        | Tonsillitis       | YES/NO        |
| Bronchitis     | YES/NO        | Epilepsy           | YES/NO        | Hypoactivity    | YES/NO        | Allergy - foods   | YES/NO        |
| Heart problems | YES/NO        | Fits/convulsions   | YES/NO        | Measles         | YES/NO        | Allergy - animals | YES/NO        |
| Chicken Pox    | YES/NO        | Fainting/dizziness | YES/NO        | Mumps           | YES/NO        | Allergy - other   | YES/NO        |

In registering for the program, you consent to your child's participation in a range of general sporting and recreational activities.

If specific risk-oriented activities are included, the program will have informed you of these.

Are there any specific activities that you do not wish your child to participate in?  Yes  No

If yes, please specify:

## YOUR AGREEMENT WITH SCRIPTURE UNION

I am aware in signing this document for my child's participation in 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 any 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.

Name of Parent/Guardian

Signature of Parent/Guardian

Date