

Please keep this page for your reference.

Grace Baptist Church Youth Camp will start on the 19th of September at lunch time. We suggest getting there a little bit earlier so that your child can set up their tent or put their stuff in a wagon. Leaders will be at camp from 9:00am. Camp finishes on Thursday 22nd of September at lunchtime for the primary schoolers (lunch will be provided). Camp finishes on Friday 23rd of September at 10:00am for highschoolers.

We do have the option for you to send your child as a day camper. Prices are up the top on the following page.

Contact numbers to ring while your child is at camp:

Cam Drews 0407 447 291, Lauren Drews 0457 282 182

What to bring to

Grace Baptist Church Youth Camp

Here is a list of some things to bring to the youth camp...

- Pillow and sleeping bag/warm bedding
- Tent (only if you want one)
- Warm clothes
- Modest swimming clothes (swimming pants and shirt)
- Towel
- Shoes
- Torch
- Hat
- Toiletries
- Bible
- Pen

What not to bring to

Grace Baptist Church Youth Camp

Here is a list of some things that are not allowed at the youth camp...

- Digital Devices (eg. Ipods, tablets, mp3's, phones) *please see note below
- Cameras (if you would like some pictures please talk to the camp photographer)
- Inappropriate literature
- Knives
- Immodest clothing

Please Note the following:

- **Please remember to sign your child in and out whenever they come or leave the campsite.**
- If we determine that your child's behaviour and attitudes are against the camps rules and standards they will be sent home.
- Phones are allowed by your child but will be kept by leaders in the kitchen. Your child will need to ask permission to use their phone to make calls. If needed leaders phones will be available for your child to use to make calls. *
- We have a snack shop at camp where your child can buy chocolates, lollies, chips, and soft drink. So please send a little bit of snack shop money with your child. \$15 is enough. This money can be handed to the registration people at the start of camp to be kept safe or the children can keep it in their bags. We will not be responsible for any loss of money if your child keeps the money in their bag.
- You are welcome to come out to the camp to see your child and to stay for a meal. Meal costs are \$15 for adults for the first meal per day, any additional meals are \$5 each. Kids 4 years and over are \$10 for the first meal, any additional meals are \$3. Kids 3 and under are free of charge.
- Any children that are not campers are the responsibility of you as their parent or guardian; we do not accept any responsibility for non-campers.

Payment Options

Preferred Payment Method Is Bank Deposit

When making a bank deposit please say that it is for **camp** and also your **last name** so that we can easily figure out who has paid us. If we cannot figure out who has paid because it has no name it may accidentally be used for something else. So please make sure to specify what it is for and also your name!

This is how it should look...

Example: **CMP FEE Smith** (if you can fit any more information on before running out of characters please do so, the more information the easier it is for us ☺) Please email the receipt to Lauren Drews (see email address below).

Grace Baptist Church Bank Details - BSB 084034 - Account Number 780139117

Please scan the form and email it to Lauren Drews at loz.holmes@bigpond.com

Please hand/email your form in **before the 5th of September**. Thank you!

Any queries please ring: Cam Drews - 0407 447 291

Registration & Medical Information Form

for Grace Baptist Church Youth Camp

Years 4-12

September 19th- 23rd

Dates 19th-22nd Primary School, \$105

Dates 19th-23rd Highschoolers, \$135

Day campers: Primary School \$70 - Highschoolers \$85

Forms must be submitted by the 5th of September!

Protecting Your Privacy

Protecting your family's 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 the camp 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 us in relation to issues regarding your personal information and for a copy of our Privacy Policy.

Parent/Guardian Details

Last Name		First Name	
Relationship	Phone	Mobile	
Email Address			
Street Address			

Emergency Contact Details 1 (if parent/guardian cannot be contacted)

Last Name		First Name	
Relationship	Phone	Mobile	

Emergency Contact Details 2 (if parent/guardian cannot be contacted)

Last Name		First Name	
Relationship	Phone	Mobile	

Child 1

Last Name		First Name	
Date of Birth	Grade	Age	Male <input type="checkbox"/> Female <input type="checkbox"/>
(If he/she is a high schooler will he/she be staying the full time or leaving at the same time as the primary school kids)		Staying full time <input type="checkbox"/>	Leaving with primary kids <input type="checkbox"/>
Is he/she coming as a day camper or an overnight camper?		Day camper <input type="checkbox"/>	Overnight camper <input type="checkbox"/>
Can he/she swim? (Tick which option best describes him/her)	No <input type="checkbox"/>	Poor <input type="checkbox"/>	Fair <input type="checkbox"/> Good <input type="checkbox"/>
Is he/she on any medication?			Yes (please specify) <input type="text"/> No <input type="checkbox"/>
Does he/she have any conditions requiring special attention that we should know about? (eg. Hearing or sight impairment, ADD or ADHD, behaviour issues, disabilities, formal counselling situations, or any other)			Yes (please specify) <input type="text"/> No <input type="checkbox"/>
Does he/she have any allergies?			Yes (please specify) <input type="text"/> No <input type="checkbox"/>
Does he/she have any special dietary requirements?			Yes (please specify) <input type="text"/> No <input type="checkbox"/>
Is there anyone who is legally restricted from seeing him/her?			Yes (please specify) <input type="text"/> No <input type="checkbox"/>
Are there any specific activities that you do not wish your child to participate in?			Yes (please specify) <input type="text"/> No <input type="checkbox"/>

Child 2									
Last Name			First Name						
Date of Birth		Grade	Age	Male	Female				
(If he/she is a high schooler will he/she be staying the full time or leaving at the same time as the primary school kids)				Staying full time			Leaving with primary kids		
Is he/she coming as a day camper or an overnight camper?				Day camper			Overnight camper		
Can he/she swim? (Tick which option best describes him/her)		No	Poor	Fair	Good				
Is he/she on any medication?					Yes (please specify)		No		
Does he/she have any conditions requiring special attention that we should know about? (eg. Hearing or sight impairment, ADD or ADHD, behaviour issues, disabilities, formal counselling situations, or any other)					Yes (please specify)		No		
Does he/she have any allergies?					Yes (please specify)		No		
Does he/she have any special dietary requirements?					Yes (please specify)		No		
Is there anyone who is legally restricted from seeing him/her?					Yes (please specify)		No		
Are there any specific activities that you do not wish your child to participate in?					Yes (please specify)		No		

Other Permissions			
Do you give permission for panadol to be given to your child/children if needed?		Yes	No
Do you give permission for Grace Baptist Church to take photos of your child/children?		Yes	No

Conditions
<ul style="list-style-type: none"> If your child has any infectious condition or is unwell, please keep your child at home until no longer contagious. In the event that any child's behaviour is deemed disruptive to the orderly running of camp, we reserve the right to withdraw your child from participating in the program and may send them home.
Your Agreement
<p>I am aware by signing this document either digitally, or handwritten, that I allow for my child's participation in this program and that certain elements of the program could be physically and emotionally demanding. Furthermore, I understand that certain inherent risks and dangers exist in the activities in which my child will be participating. I acknowledge that while the organisation 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 the organisation, its leaders and staff. In the event of any emergency where my nominated contact people are unavailable:</p> <ul style="list-style-type: none"> 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 authorize qualified first aid leaders at camp to administer basic first aid when necessary. I agree to sign my child/children in and out everytime he/she leaves the campsite. I confirm that the information contained in this application is true and correct. I agree to inform the Camp Director of any changes to these details.

Name of Parent/Guardian			
Signature of Parent/Guardian		Date	