

Blue Lagoon's **SPRING TEEN CAMP**

Camper Information sheet
6th-9th October, 2017

Thank you for booking for our Spring Teen Camp! We are looking forward to a great week of fun, awesome games and adventure

When: Booking In will commence at **10am** on Friday the 6th and we will be wrapping things up at **2pm** on Monday the 9th

Where: Blue Lagoon Christian Camp
41 – 55 Bally Park Road,
Dodges Ferry, TAS

Cost: **\$120.00**

What to Bring:

Towels

Clothes (t-shirts, shorts, jumpers, rain jacket)

Warm Clothing

Torch

Clothes you can get wet and messy in

Plastic bag (for wet or messy clothing)

Hat, Sunglasses and Sunscreen

Running shoes

Beach shoes/thongs or sandals

Toiletries

Pyjamas

Bedding (including sheets and pillowcases)

Drink bottle

**The camp will conclude at approximately 2pm on Monday
We look forward to a great camp with you!!**

If you have any questions or need to get in contact with us you can call on 6265 8192 or email us at admin@bluelagoon.org.au

REGISTRATION FORM
Blue Lagoon Christian Camp and Conference Centre
Spring Teen Camp 2017
Friday 6th – Monday 9th October, 2017

Camper's Details

Name: _____
Postal Address: _____ P/Code: _____ DOB: _____
Phone: _____ [] Male [] Female
Camper's Email: _____

Camp Details

Which camper/s would you like to be grouped with? (While we attempt to respect your choice, this may not always be possible)

Parent/Guardian/Carer Details

Parent, Guardian or Carer Information

Name/s: _____ Relationship to Camper: _____
Home Phone: _____ Work Phone: _____
Mobile: _____ Email: _____

Alternative (Emergency) Contact

(Please list someone not living with you)

Name/s: _____ Relationship to Camper: _____
Home Phone: _____ Work Phone: _____
Mobile: _____ Other (please specify) _____

Payment Details

Applicable Camp Fee \$ 120.00
Amount Enclosed (minimum deposit required is \$20) \$ _____
Balance Owing (full payment due 14 days prior to camp) \$ _____

Payment options
Cheques payable to Blue Lagoon Christian Camp Inc
Direct Deposit: Blue Lagoon Christian Camp
BSB: 067 002
Acc: 2802 1550

Returning your Registration - FORMS MUST BE RETURNED TO COMPLETE REGISTRATION
Please ensure you complete all pages and use a separate form for each camper's registration.

Mail your registration form to: Blue Lagoon Christian Camp and Conference Centre
41-55 Bally Park Rd
Dodges Ferry, 7173

Alternatively forms can be emailed to admin@bluelagoon.org.au
An email will be sent confirming your registration (Please note registrations are not accepted without a deposit).

Enquiries - Phone during office hours on 62658192 Email – admin@bluelagoon.org.au

MEDICAL DETAILS - To be completed by parent/guardian

Medicare Card Number : _____

Number on Card: _____

Private Health Fund: _____

Member Number: _____

Healthcare Card Number: _____

Ambulance Membership: _____

Does your child have any allergies to any of the following (If yes, please provide details):

- pollens _____
- medications _____
- food* _____
- insect bites _____ (IMPORTANT - If necessary, please authorise and PROVIDE antihistamines)
- other _____

*If your child has a serious food allergy of any type, please contact us to fill in a separate special diet form

Does your child experience, or have they ever experienced any of the following:

- asthma _____
- heart trouble _____
- physical disability _____
- epilepsy / seizure disorder _____
- diabetes _____
- Bedwetting _____
- behavioural condition _____
- other (incl. dietary requirements) _____

Please list and explain any major illnesses/injuries that your child has experienced during the last year: _____

It is Blue Lagoon Christian Camp's policy that no medications are administered by Blue Lagoon staff or leaders without prior arrangement with parents/guardians. This arrangement is made by the completion and signing of the "Medication Form" which will be included with your confirmation letter (ie for medications provided by parents as necessary for current conditions) or as advised by medical staff on consultation. The only exceptions to this are paracetamol and head lice treatment which may be administered with the following consent:

- I give permission for paracetamol to be administered to my child in the case of mild pain.
- I give permission for my child to be treated for head lice if required

PLEASE NOTE: If head lice are detected and permission has not been given then parents/guardians are required to pick their child up for treatment before the child can return to camp.

Medications

Is the camper currently taking any medications? If yes please fill in our medications form and supply the relevant medications with instructions for use. This should include medications such as antihistamines, cold and flu tablets and painkillers as well as prescription medications.

- Yes
- No

Please inform us of any other conditions or relevant information relating to this camper:

CONDITIONS OF REGISTRATION

Legal Guardianship

The parents / guardians submitting this application must be those having legal custody over the child. Please notify us in writing prior to camp of any special custody arrangements that prevent access.

Authorisation to pick up and/or visit your child

At registration time on the first day, you will be asked to nominate the person/s authorised to pick up your child at the end of camp and also the names of anyone authorised to visit your child during camp. If any person other than those authorised by you wish to take your child off-site or visit your child during camp or pick up your child on the last day, we will require written and signed permission from yourself.

Cancellation Policy

Blue Lagoon Christian Camp has the following policies in relation to cancellation of holiday camps: Cancellations prior to camp will forfeit their deposit only (\$20) and any remainder paid will be returned (please allow two weeks for processing). The full camp fee will be forfeited for any camper sent home due to disciplinary action. Refunds of fees (less deposit) will be considered (management discretion) when sickness prevents attendance or causes departure.

Special Needs

If your child has a serious health or developmental/physical issue that we should be aware of, please provide advance written notification.

Medical Attention

The signature of the parent/guardian below on this application shall give the Staff acting on behalf of Blue Lagoon Christian Camp and Conference Centre) the right to arrange for any necessary medical attention required and charge the same to the parent/guardian.

Refusal of Registration

Blue Lagoon Christian Camp and Conference Centre reserves the right to refuse the registration of any person into a Blue Lagoon run and operated camp.

Use of Photos (Please indicated by crossing one out)

I **do / do not** give permission for Blue Lagoon Christian Camp and Conference Centre to use photos of my child in promotional material (eg newsletters, brochures, website).

PARENTAL PERMISSION - Signature required

- I give permission for my child to go offsite during their stay at Blue Lagoon under the supervision of the Blue Lagoon staff.
- I release Blue Lagoon and individuals from liability in case of accident during activities related to Blue Lagoon run camps and activities, as long as normal safety procedures have been taken.
- I give permission for Blue Lagoon to administer medications that are sent to camp with the camper and understand that any further medications will not be given without my consent.
- I give permission Blue Lagoon to administer first aid treatment and if such action is warranted to organize transport to the closest doctor or hospital via private car or ambulance. The discretion of such decisions I leave to the staff at Blue Lagoon.

Declaration - I have read and agree with the conditions and policies outlined above and confirm that all information given was true and accurate at the time of recording: (parent/legal guardian to sign)

Parent/Guardian Name

Parent/Guardian Signature

Date

CAMPER AGREEMENT- Signature required

I understand that I (the camper) am responsible for my personal belongings and behaviour while on camp.

I understand that while at Blue Lagoon and undertaking activities run by Blue Lagoon, I am under the authority of the Blue Lagoon Staff.

I understand that Smoking, Drugs and Alcohol are not permitted on site at Blue Lagoon.

I understand the rules laid out by Blue Lagoon and understand that breaching these rules may result in my participation being suspended or in me being sent home.

Camper's Name

Camper's Signature

Date