

Amputee Youth Camp

APPLICATION FORM

March 9th - 11th 2012

Amputee Association of Sydney Inc.
PO Box 129
Northmead, NSW, 2152

(02) 9890 0949 or 1800 810 969

CAMPER DETAILS

Name: _____

Sex: M / F

Date of Birth: _____

Age at camp: _____

Year at school: _____

Camper email: _____

Address: _____

Postcode: _____

Parent/Guardian Details

Names: _____

Phone (h): _____ Mobile: _____ Phone(w): _____

Email: _____

HEALTH & EMERGENCY INFORMATION

Emergency Contact (if parent/guardian can't be contacted):

_____ Phone: _____

Relationship to Camper: _____

Medicare No.: _____ Card Reference No.: _____

Expiry Date: ____/____

Level of Disability and related special needs – Please describe in detail (eg Above knee amputee)

Yes No - Allergies to food, drugs, environment etc?

Yes No – Medication requirements? (Outline medication, dosage, purpose & times)

Yes No – Behavioural problems?

Yes No – Special dietary requirements?

Yes No – Restrictions from involvement in any camp activity? (Provide details including swimming ability if applicable)

To protect from possible embarrassment, does the camper wet the bed or have unusual sleep behaviours?

Yes No

Please specify

If you answered YES to above question, please provide the camper with the items necessary to prevent embarrassment and damage of Teen Ranch property.

PAYMENT DETAILS

I enclose cheque or money order for the camp deposit of **\$25.00**

I understand that the remainder of camp fees will be paid in full by the Amputee Association of Sydney.

OTHER INFORMATION

Is there anyone who is legally restricted from seeing the camper? Yes No

Who: _____

How did you find out about this camp? _____

Will the camper require a carer to attend the camp Yes No

If 'Yes' Please complete the following details

Carer's name: _____

Relationship to camper: _____

Please complete another application marked “Carer” next to name. Only complete relevant information.

VENUE: Teen Ranch, 352 Cobbitty Rd, Cobbitty, NSW 2570

Tel: 02 4651 2268

Fax: 02 4651 2736

Web: www.teenranch.com.au

PARENT/GUARDIAN DECLARATION & ACCEPTANCE OF CONDITIONS

Risk Warning: I/we understand that recreational activities organised by Teen Ranch Limited may include horse riding, canoeing, abseiling, and low and high ropes courses. These and other recreational activities arranged from time to time are of their nature inherently dangerous. I understand that Teen Ranch is accredited by the Australian Camping Association, which means its camps comply with Australian industry best practice contained in the standards set by that organisation. In signing this declaration I/we acknowledge on behalf of the Camper attending Teen Ranch for the camp that the paragraph above constitutes a risk warning under the terms of the Civil Liability Act 2002 (New South Wales), and I/we hereby release Teen Ranch, its officers, employees and volunteers from liability to the extent permitted under the terms of that Act.

Medical Assistance: In the event of injury or illness of any camper, I/we acknowledge the Camp Director will endeavour to contact me/us on the telephone number/s provided on this form, but in the event of emergency, authorise the Camp Director to obtain all necessary medical assistance, including ambulance transport and hospital accommodation, and I/we agree to pay for all related fees and expenses.

If my/our child needs any medication while on camp, I will contact the Amputee Association prior to the camp to make the necessary arrangements. Generally as indicated specifically below, I give permission for my/our child to be given, by staff qualified in first aid, the following non-scheduled medication (that is, medication available in the supermarket), if required (please tick):

- Paracetamol
- Antihistamine
- Other (please specify) _____

Other: Photographs of campers may be used, in an un-identified form, as part of future Teen Ranch and / or Amputee Association promotional material. Use of such images is considered a condition of booking.

Acceptance: I/we on my/our own behalf and on behalf of the applicant camper, accept/s the application and all terms and conditions contained therein.

(Parent/guardian's name printed)

(Parent/guardian's signature)

_____/_____/_____
(Date)

OFFICE USE ONLY

Deposit:\$ _____
Rec#: _____
Date: _____