



CAMP Jonathan 2012 REGISTRATION FORM

Camp Jonathan is a camp for children with developmental disabilities aged 8 to 18yrs.

For Registration Enquiries call 4787 1540

Please send Registration Forms to PO Box 2, Mt Victoria NSW 2786 OR Fax to 4787 1196

In order for the camp leaders to provide the most supportive care of the camper while at camp, please fill in all sections of this form and provide as much detail as possible (any applications with sections not fully completed CANNOT be accepted).

CAMPER DETAILS:

Name: _____ DOB: _____ Male Female
Has the camper attended a Lutanda or CYC camp before? Yes / No Name of Camp: _____
How did you hear about Camp Jonathan? _____
Name of School: _____ Grade at School: _____
Health Insurance Details: _____ Medicare #: _____
Doctor's Name: _____ Dr's Phone #: _____
My child would like to share a room with: _____

PRE-CAMP CONTACT PERSON (These details will be used for correspondence prior to camp):

Contact Person: _____ Relationship: _____
Address: _____ Post Code: _____
Phone: _____ Mobile: _____
Email: _____

PERSON/ORGANISATION MAKING PAYMENT (if different from above):

Organisation: _____ Attention: _____
Address: _____ Post Code: _____
Phone: _____ Alt Phone: _____ Fax: _____
Email: _____ Purchase Order No: _____

EMERGENCY CONTACT DETAILS (must be available 24 hours a day):

Contact Person: _____ Relationship: _____
Phone: _____ Mobile: _____

TRAVEL ARRANGEMENTS:

Camper will be dropped off by: _____
Camper will be picked up by: _____

MEDICAL DETAILS:

Describe the campers' disability (attach additional information if necessary):

Please tick if the camper has any of the following:

- | | | |
|------------------------------------|---|--------------------------------------|
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Bladder/Bowel Control Issues | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Epilepsy or Seizures | <input type="checkbox"/> Bed-wetting |

Please provide detailed information on management of these:

Please tick if camper requires assistance with any of the following:

- | | | | |
|--|---------------------------------------|---|---------------------------------|
| <input type="checkbox"/> Dressing/Undressing | <input type="checkbox"/> Toileting | <input type="checkbox"/> Showering/Drying | <input type="checkbox"/> Eating |
| <input type="checkbox"/> Bedtime Routine | <input type="checkbox"/> Other: _____ | | |

If they require assistance, please provide specific details:

Does the camper have any communication difficulties? Y / N

If so, please attach a list of specific words for common communication (eg. toilet, hungry, sick, tired):

Are there any behavioural difficulties that we should be aware of AND/OR has the camper shown a tendency to react violently? If so, what are the common triggers and how are these best managed?

Medications required during camp and instructions for administration:

MEDICATION	DOSAGE/INSTRUCTIONS (eg. take ½ before meal)

On arrival, all medication (labelled with name, instructions and dosage) is to be handed in to the First Aid Officer

- Current Tetanus Injection (Date of last injection: _____)
- I give permission for the First Aid Officer to give paracetamol should the need arise
- I give permission for my child to be treated with head lice shampoo if the need arises

My Child can swim:

No, my child is not allowed in the water at all Yes, but only with floatation devices. If yes, please list floatation devices which must be used:

Yes, without the use of floatation devices, but only in the Shallow End Yes, my child can swim confidently by themselves Other: _____

DIETARY REQUIREMENTS:

None Vegetarian Diabetic Gluten Free
 Lactose Intolerant Food Allergy: _____ Other: _____

PLEASE READ AND SIGN:

I wish for the camper to attend the camp for the period indicated, and accept the camp conditions, fees and standards as set out on this form and its attachments.

I understand that whilst everything practical is done to care for the campers, both in comfort and safety by the Camp Organisers and Leaders, Lutanda Children's Services will not accept any responsibility whatsoever for any accident or sickness to my child, or any damage to the campers' property which may happen through any circumstance, including all day trips and excursions. I understand that the parent/carer/organisation making payment for this camper is financially responsible for any damages incurred by this child whilst at camp. Should our Camp Administration consider at any time that the camper requires hospital or medical treatment, I hereby consent to your obtaining this immediately and at my expense, including any ambulance fees.

As an exciting part of the camp experience video footage and photos are taken of the camper experiencing a range of camp activities. A DVD may be made available so the camper can relive the memories at home. In registering the camper, you accept that video footage and photos of the camper may be used solely for promotional purposes.

PARENT/GUARDIAN SIGNATURE: _____

PLEASE PRINT NAME: _____ DATE: _____

Application Process: Once received, your application will be checked with the camp director for suitability. If accepted, you will receive an information pack in the mail, including details on what to bring, how to get there, payment etc. If for some reason the applicant is not accepted for camp, a phone call will be made to explain why. Please do not pay until you receive confirmation & invoice. Thank you.

