

## Payment Details

Camper's name: \_\_\_\_\_

Email \_\_\_\_\_

@ \_\_\_\_\_

Cost of camp

(Early bird rate) Alby's \$365      Fix \$375

(Standard rate) Alby's \$395      Fix \$405

Amount Payable \$ \_\_\_\_\_

Less Family discount \$ \_\_\_\_\_

(2nd child: less \$50, subsequent children: less \$100)

Less discount for voucher or selling chocolates

\$ \_\_\_\_\_

(only if chocolate selling has been completed)

Plus optional donation to assist other campers \$ \_\_\_\_\_

Deposit (if applicable) \$ 75

Balance owing \$ \_\_\_\_\_

## Method of Payment

A) I enclose a cheque for \$ \_\_\_\_\_

Made payable:

Frenchs Forest Anglican Church—Hydr8

B) I enclose cash to the sum of \$ \_\_\_\_\_

C) Electronic Bank Transfer

BSB: 032 123      Account No.: 407085

Acc. Name: Frenchs Forest Anglican Church

Reference: Hydr8Surname (eg Hydr8Jones)

I have transferred the amount of \$ \_\_\_\_\_

and have attached a copy of the receipt to this Application Form.

Post this form to: **Hydr8**, 67 Bantry Bay Rd, Frenchs Forest, 2086. Alternatively, hand it to Greg Brian directly in a sealed envelope.

## Indemnity

PARENT OR LEGAL GUARDIAN, PLEASE READ, SIGN AND DATE:

My signature below indicates my willingness to permit the applicant camper to participate fully in all activities associated with the 'Hydr8' Camp run by Frenchs Forest Anglican Church (3-7 Jan 2018) with the exception of those named on the health form. All activities are at Chaldercot, Port Hacking with the exception of a short out-trip for a special day out activity on 5 Jan 2018.

While every precaution shall be taken to ensure the good welfare and protection of the applicant camper, the Anglican Diocese of Sydney, its council, staff members, employees, or any other person acting on their behalf are hereby released from any and all liability in the event of any accident or misfortune that may occur to the child or damage or loss to their personal property.

In the case of a medical emergency, I hereby give permission to the doctor chosen by the Camp Director (Andrew Daniels) to secure proper treatment for and/or any hospitalisation, injection, anaesthetic, or surgery for the applicant camper named. I understand that every effort will be made to contact me prior to instituting such procedures.

During camp, photographs or electronic images of campers may be captured. These images will only be used to advertise Hydr8 locally.

PARENT OR LEGAL GUARDIAN'S SIGNATURE

I \_\_\_\_\_ being the parent or legal guardian of the above mentioned participant assume full responsibility for her or his health being such that the activities of the programme will in no way aggravate any condition present. If in doubt, I will seek to follow medical advice and inform the Camp Director and the Frenchs Forest Anglican Church of that advice. I will also notify Frenchs Forest Anglican Church of any significant change in the participant's health prior to the programme. I declare that all statements on this form are true and accurate and that all relevant information has been provided and that I certify acceptance of all conditions herein.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_



3-7 Jan

2018

# Application Form

# Frenchs Forest Anglican Church APPLICATION & HEALTH FORM

Name: \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Camper's year at school (in 2018): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ P/code: \_\_\_\_\_

Parent's names: \_\_\_\_\_

Parent's Mobile: \_\_\_\_\_

Parent's Mobile: \_\_\_\_\_

Emergency Contact 1: \_\_\_\_\_

Relationship to Camper: \_\_\_\_\_

Ph: \_\_\_\_\_

Emergency Contact 2: \_\_\_\_\_

Relationship to Camper: \_\_\_\_\_

Ph: \_\_\_\_\_

Medicare No: \_\_\_\_\_

Card Ref No: \_\_\_\_\_ Card Expiry Date: \_\_\_\_\_

Health Insurance Co.: \_\_\_\_\_

Number: \_\_\_\_\_

Family Doctor: \_\_\_\_\_

Telephone: \_\_\_\_\_

Date of last Tetanus booster: \_\_\_\_\_

Special dietary needs? (please give details):

\_\_\_\_\_

\_\_\_\_\_

Does the camper suffer from, or are they limited in their participation in activities by, any of the following? Please circle yes or no.

(If yes please give details. Medication, treatment, triggers, etc)

Heart Problems Yes/No

Respiratory Conditions:

Asthma Yes/No

Other Yes/No

Allergies:

Food Yes/No

Environment Yes/No

Muscular / Skeletal problems

Back problems Yes/No

Sprains, Dislocations Yes/No

Other Yes/No

Diabetes Yes/No

Epilepsy Yes/No

Headaches / Nose Bleeds Yes/No

Other (includes Fears / Phobias) Yes/No

Will the camper be bringing any medication to camp?

Yes/No

Please list details, medication, treatment, triggers, etc

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Swimming ability of the participant:

Strong Swimmer (50m or more)

Average Swimmer (25m unaided)

Poor Swimmer (10m unaided)

Non Swimmer (cannot swim unaided)

Is the participant restricted from any activities?

\_\_\_\_\_

Musical Talents:

(Feel free to bring your instrument/s to camp)

Instruments: \_\_\_\_\_

\_\_\_\_\_

The name of one other camper that your son / daughter would like to share a room with. (This will be organised if at all possible)

\_\_\_\_\_

## Directors & Leaders

The Hydr8 camp is part of Frenchs Forest Anglican Church Youth Ministry and operates under the supervision of the Frenchs Forest Anglican Church.

There is a great depth of experience and commitment in our staff, which is vital in providing an enjoyable camping experience. As community living is an important part of camp, each camper is encouraged to be actively involved in all aspects of camp life.

All of our leadership team have been carefully chosen for their Christian faith and aptitude for developing positive relationships.

The program is balanced and offers a wide range of recreational activities. It provides campers with opportunities to discuss the implications of Jesus' life and teachings in their own lives.

Trained leaders conduct various activities on camp. Special instruction is given in abseiling & High ropes, etc. Hydr8 is staffed by Frenchs Forest Anglican church with professional help from the Chaldercot and Youthworks staff.

