

Survival Camp - Registration Form

PLEASE: use one form per camper - complete the entire form print all details clearly



CAMP ATTENDING: Start date ____/____/____ Finish date ____/____/____

CAMPER DETAILS Camper Junior Leader

Last name: _____

First name: _____

(underline name known by)

Address: _____

Post Code: _____ Email (Child): _____

Age: _____ Sex: Male Female

Date of birth: (Day ____ / Month ____ / Year ____)

School class before camp: _____

Church: _____

Friends coming to camp (limit 2): _____

TRAVEL DETAILS (Tick appropriate boxes)

Arriving at camp on (____/____/____ Date) **by:**

own transport **Camp bus from Hamilton**

Booking on **Intercity Transport** to Hamilton

Leaving camp on (____/____/____ Date) **by:**

own transport **Camp bus to Hamilton**

Booking on **Intercity Transport** from Hamilton (Please contact us with Intercity Booking number.)

PARENT'S/CARE GIVER'S DETAILS

Last name: _____

First name: _____

Relationship to child: _____

Contact phone numbers:(Home) _____ (work) _____

Alternative number/mobile: _____

Email (adult): _____

PERMISSION I give my permission for this camper to participate in the programmes and activities offered by the camp. I give permission for them to participate in physical activities offered which could include any of the following: Confidence course, BMX bikes, flying fox, archery, indoor gym, air rifles, swimming/hydroslide, kayaking, bush and beach walks, Quad Bikes etc.

Please state any activities your child cannot participate in due to physical/health issues in the Medical Section on the next page.

Signature: _____ (Legal guardian) Date _____

FEES I am enclosing \$50 registration fee, I will pay the balance of fees one week before camp

I am enclosing \$ _____ FULL fees now

(If applicable) PLUS \$ _____ Camp Bus fees

Please make cheques payable to Camp Raglan. To pay by internet banking use account number 03 0175 0013647 002 and quote child's name as the reference.

I am willing to help clean Number helping: _____

You will be notified as to whether or not you have been accepted.

Please email campraglan@cbm.org.nz or phone (09) 630 5271 if you require information

please complete Page 2.

Office
Use
Only

Receipt no:

MEDICAL SECTION

This form must be filled in for the camp to accept your child's registration. (Health & Safety).
(Please circle options and where necessary fill in all details)

Does your child have any **diagnosed conditions**? Y / N
(Eg Asthma, Diabetes, Epilepsy, ADHD etc) _____

Any problems with **hearing or vision**? Y / N

Is your child **allergic to any medication or food**? Y / N
(Please state which ones) _____

Are your child's **immunisations** up to date? Y / N

When was their **last Tetanus** injection? _____ / _____ / _____

Does your child sometimes **wet the bed**? Y / N
(NB: if so, please send two lightweight sleeping bags or two pairs of sheets)

Does your child have any **Current Medication**? Y / N
These need to be sent with clear instructions and handed in at the start of camp. (Please specify medication here)

Are there any **Physical / Health / Social/ Emotional Needs** of which we should be aware?
(use extra paper if required) Y / N

In the event your child needs to see a doctor, do you have a **Community Services Card**?
Y / N

Card number: _____

Expiry date: _____ / _____ / _____

I give consent for the camp, when necessary to:

1. Arrange a medical examination by a doctor
2. Give any necessary medication for general health care (eg Panadol)
3. Authorise on my behalf any emergency medical care.

NB: every attempt will be made to contact parents or guardians in the event of an emergency.

Signature: _____ (legal guardian)

Date: _____ / _____ / _____

Please don't forget to sign and return the Parent's Declaration form with this registration form.

POST REGISTRATION & CHEQUE TO: Camp Registrar, Camp Raglan

PO Box 8774, Symonds St, Auckland 1150

Enquiries: Phone (09) 630 5271 Fax: (09) 630 4373 Email: campraglan@cbm.org.nz

Website: www.campraglan.org.nz