

SRYC RIVER CAMP 2010 – ‘Southern’

Registration and Indemnity Form

Camp Details: Smither's Beach Tocumwal NSW Fri 26th Feb 2010 7pm - Sun 28 Feb 2010 3.30pm
A form is required for **each** camper and leader. If more than one in a family, multiple forms are required.

Applications close 21st February, 2009. Once completed please **send your form/s and payment to:**

River Camp 2009 Registrar: PO Box 71, Jerilderie, NSW, 2716 or to: **jacqueline@mcmmedia.com.au**

Camper Details:

Name..... Date of Birth.....Sex M / F
..... Phone

Address:..... Mobile

Town:.....State.....Postcode:

Email:.....(Write in CAPITALS please)

Church Attending: Age at 26th Feb 2010:

School attending: School Year in 2010:.....

I am intending to tent with:

Payment (please circle the correct amount you will be paying)

1 Person	\$75.00	Early Bird Discount less \$5 if paid by February 10 th	\$70
2 People in one family	\$140.00	Early Bird Discount less \$5 if paid by February 10 th	\$135
3 or more in one family	\$185.00	Early Bird Discount less \$5 if paid by February 10 th	\$180

(please make cheques payable to “Southern Riverina Youth Council” and post with your registration)

Internet Direct Deposit: SRYC ANZ Jerilderie NSW BSB: 012695 Account: 451037902

Details of Your Parent/Guardian or Next of Kin

Name:..... Phone

Relationship to camper:..... Mobile

Email:.....(CAPITALS Please)

Medical Information

Family Doctor's Name:..... Phone No:.....

Medicare No.:..... Expiry:.....

Health Insurance Company:..... Number.....Exp.....

Date of last tetanus booster:

Ambulance Subscriber (please circle)? Yes No Ambulance Company.....

Number

Do you have any allergies (drugs, food or environmental) Yes No Allergy:

.....
and what medication is taken?.....

Do you have a medical condition or take any medication? (If yes please state the name of the condition, medication dosage, side effects, etc.)

Do you suffer from any of the following (please circle)? Blackouts - Sleepwalking - Asthma- Migraines

Other (please specify)

Please note this form is double sided!

Dietary Information

We will do our best to cater for special diets during River Camp, but we need your help. Please let us know if you have any special dietary needs and give specific details

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.....

Other Information

If the camper is restricted from any activity, please note the restriction and specify the condition involved.

.....

Can you/your child swim (please circle)? Yes No metres

Is there anyone legally restricted from seeing your child (please circle)? No Yes

Who?

Address

**Indemnity — SRYC River Camp 2010
Camper Participation and Recognition of Risk**

The following is to be agreed to by a parent/guardian if the camper is under 18 years of age or by the camper if 18 years or over.

I, the undersigned, am willing that I /my child should participate in River Camp 2010 to be held from 26th – 28th Feb, 2010. I understand the nature of the activities at the Camp will include, but may not be limited to swimming, games, sporting activities, water slide, communal eating, flying fox, canoeing, boating, water skiing, rope swings, tube floating and risks may arise during these activities.

I hereby authorise the person in charge of medical issues at River Camp 2010 to consent, where it is impracticable to communicate with me, to myself/my child receiving such medical or surgical treatment as the leader may deem necessary at any time during the Camp. I further authorise the use of Ambulance and/or anaesthetic by a qualified medical practitioner if in his/her judgment it is necessary. I accept responsibility for payment of all expenses associated with such treatment.

Visa / Mastercard Number.....Expiry.....

Signature.....Date.....

I certify that the particulars given on the confidential report are correct.

I consent to all materials, including but not limited to, images, illustrations, text, audio clips, video clips or any other multimedia presentation captured, recorded or taken during River Camp 2010 which shows, includes or has reference to myself being copied, reproduced, republished, uploaded, posted, transmitted, or distributed in anyway for the bona fide purposes of the River Camp 2010, either during River Camp 2010 or beyond, including for promotional or merchandising purposes.

I / my child agree/s to abide by the rules and guidelines of the Uniting Church Ministries and to participate in all aspects of the program.

I give permission for my personal details to be used to advise you of other upcoming events. These details will be stored safely and will not be passed on to any other organization.

Open to all High School Students and Adult Leaders. Parents wishing to assist at River Camp are welcome. Same Fee.

Campers Name.....

PARENT / GUARDIAN / SELF SIGNATURE SIGNIFYING ACCEPTANCE OF ALL CONDITIONS THEREON:

Name:.....

Signature:.....Date.....

Please note this form is double sided!