



Boys Summer Adventure Camp 2020

Jan 11th to 19th

To All Campers

"Camp Wedgetail" - Boys Summer Adventure Camp is slightly south west of Ballarat. The campsite is situated on 11 acres of natural bushland adjacent to a small lake and State forest. Accommodation is in 12 cabins, of 2 to 8 bunks and mattresses in each cabin. There is a kitchen, dining room, recreation hall, asphalt area, toilets, showers, oval, campfire, gazebo and a BBQ.

Camp Wedgetail is an extremely rewarding experience. It is an excellent opportunity to make new friends and a great chance to get to know other adventurous guys. It is also a brilliant way to discover new skills.

Attached is a list of what to bring to camp. Please name your items clearly and securely.

Please note – as the camp is adjacent to a small lake, there will be a lot of Water Based Activities, as well as the opportunity to swim in the lake if you wish – it is fresh water. For U18s, we would like your Parents to indicate whether they are happy to be involved in Water Activities and or swim in the lake – and if so, you must be able to confidently swim, unaided 25 metres. **(Minimum Age – 10 Years)**

If you have any further queries, please do not hesitate to contact me.

ANDREW GRUNTOVS

Camp Wedgetail

www.campwedgetail.com.au

email@campwedgetail.com.au

0414 538 131

WHAT TO BRING

Adventure Gear

Wetsuit
Head Torch
Dark Coloured Clothing – for Night Games
Shoes that you don't mind getting Wet or Dirty
1 Set of Old Clothes that you don't mind getting Wet or Dirty
Small Tarp – (Minimum 3m x 3m)
1 Inflatable SINGLE Air Bed

Personal Gear

Clothing
Toiletries
Sleeping Bag, Pillow, Single Fitted Sheet if you wish
Camp Chair
Torch with Good Batteries
Spare Shoes
Medications
Spending money if you wish

REGISTRATION FORM

The following is to be returned by all Campers.

NAME D.O.B. / / Year Level (2019)

will be attending Camp Wedgetail – Ages 10 to 15 Boys Adventure Camp 2019, from the 11th to the 19th of January 2020.

I authorise the Staff of CW at the camp to obtain any medical aid that may be required, at my expense.

I acknowledge that the Staff, whilst taking all possible precautions, will not be held liable for loss or damage, to persons or property – however caused.

SIGNED: **CAMPER or PARENT/GUARDIAN**

I would like

I would not like my U18 to be involved in the Water Activities and or Swim in the lake.

and if you **would like**, yes he can confidently swim, unaided, 25 metres.

Further info

Having read the Camp Information Form sent to your email address after your initial enquiry - please let us know what your Top 5 Adventure Activity Preferences would be and also 1 that you are not interested in. This will help us with Programming.

Thank you.

TOP 5

1.
2.
3.
4.
5.

Would prefer not to do

1.

Any further information that may be of assistance:

.....

SIGNED: **PARENT/GUARDIAN**



Camp Wedgetail – Ages 10 to 15 Boys Summer Adventure Camp 2020

Under 18s

INDEMNITY FORM

I/We, (Father).....(Mother)..... hereby give

permission for my / our child, (name) to attend all activities and meetings conducted by Adventure Kids Australia. In consideration of my child attending such activities or meetings, I hereby agree as follows:

1. My/our child will be in the charge of the Leaders of the Adventure Kids Australia and such delegates or agents as they may in their absolute discretion appoint or nominate. All such leaders, delegates or agents, shall have no responsibility whatsoever for any accident, illness or injury, howsoever caused or howsoever and wheresoever arising, sustained or suffered or otherwise affecting my/our child during any activity or meeting, including travelling to and from any activity or meeting.
2. I agree to indemnify and keep indemnified Adventure Kids Australia and their respective leaders, employees and agents from and against all actions, suits, claims, demands, expenses and liability whatsoever in respect of my/our child's participation or non-participation in these activities or meetings in respect to any first aid treatment given to my/our child.
3. In the event of accident, illness or injury sustained, suffered or otherwise affecting my/our child in any way whatsoever, I authorise the Leaders or their delegates or agents, as my/our agents, to obtain any necessary medical assistance or treatment or carry out any first aid treatment that they in their absolute discretion consider necessary, proper or desirable and for the purpose to engage any medical practitioner, ambulance or medical officer, nursing assistance or first aid treatment or hospital accommodation, and in this event I agree to pay all such fees and expenses thereby incurred, such fees and expenses to be paid to Adventure Kids Australia on demand.
4. I am aware of the general nature of activities in which my/our child will be involved.

DATED the _____ day of _____ 20 .

Signature of parent / guardian:

Home Address:

..... P/code:

Phone: (H): MUM: (W): (M):

DAD: (W): (M):

Parent E-mail Address:

In consideration of being permitted to attend all such activities and meetings, I (name of child)

..... hereby adopt and agree to be bound by the above conditions, authorities, indemnities and rules of AKA.

DATED the _____ day of _____ 20 .

Child's date of birth: / /

Signature of child:

HEALTH STATEMENT

Name of child:

A.1 Ambulance Cover Ref. No.:

A.2 Medicare Ref. No.:

**All information will
be treated as
Strictly Confidential.**

A.3 If Covered Privately, with
For additional Medical YES / NO Hospital YES / NO

If the participant suffers from any chronic recurrent ailment, allergy or physical defect, it should be disclosed in order that provision can be made for their welfare.

B. Does the applicant suffer from any physical disabilities? YES / NO If yes, details

C. Does the applicant suffer from - (Space for further explanation, if required
1. Diabetes? Severe / Mild YES / NO
2. Asthma? Severe / Mild YES / NO
3. Epilepsy? Severe / Mild YES / NO

D. Does the applicant have any known allergies, including drug or food allergies? YES / NO If yes, details of severity / treatment
ie. Penicillin
Egg
Bee Sting
Hay Fever
Other Drug Allergy:
Other Food Allergy:

E. Will the applicant have any medication at the activity? YES / NO Name of drug:
ie. By injection/tablet/capsule Dosage:
Penicillin Reason:
Insulin How often administered:
Other drugs: Administered by whom:

F. Has the applicant any special dietary requirements (for Medical, Religious or other reasons)? YES / NO If yes, details:

G. Does applicant suffer from travel sickness? YES / NO If yes, details:

H. Give details of last tetanus shots. DATES Injection:/...../.....
Booster:/...../.....

I. Is this the first time your child has been involved in this type of activity / excursion ? YES / NO

EMERGENCY CONTACTS

Give details of where you can be reached during the period of activities/excursions and also the names and phone numbers of other persons if you are unavailable.

Name: PH: (H) (W) (M)

Name: PH: (H) (W) (M)

Name: PH: (H) (W) (M)

Parent/Guardian: Signature