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 ABN: 90 056 429 246



School Holiday Private Application Form

- ⇒ Please complete this form thoroughly to ensure the wellbeing of your child and to enable our staff to best accommodate their needs.
- ⇒ This camp is suitable for participants aged 12-15 years, in a group activity environment.
- ⇒ We are unable to provide "one on one" care.
- ⇒ A \$200 deposit per child is required to secure placement on camp.

1. Complete Form
2. Print
3. Sign
4. Return

First Name	Last Name	Age	DOB	Gender	Camp Dates
				Male / Female	

Contact Information	
Parent/Guardian/Carer Name:	Home/Work Phone Number:
Address:	Mobile Number:
Suburb:	Post Code:
Email:	

Emergency Contact Name	Relationship	Mobile Number	Email
1.			
2.			

Please tick the box to acknowledge that campers will be transported to activities during camp by Halls Outdoor Education buses & drivers. This does not include arriving to camp or returning home.

Office Use Only			
Invoice #	Deposit Paid:	Balance Owing: \$	
Date Sent: ___/___/___	\$_____ ___/___/___	Balance Paid: \$_____ ___/___/___	
Acceptance Sent: ___/___/___	DC CC CHQ CASH	DC CC CHQ CASH	

NAME: _____

Camper Medical Information

Medicare # _____ Ambulance Cover: Yes / No

Private Health Insurance (if applicable) _____ Ambulance Member # _____

FUND: _____ Member # _____ Last Tetanus: _____

Comfortably swims _____ metres / _____ Cannot swim at all

Does your child suffer from any of the following? _____ please tick for YES

- Bed Wetting
- Hay Fever
- Physical Disability
- Travel Sickness
- Allergies
- Homesickness
- Seizures
- Other _____
- Asthma - please attach asthma management plan if applicable
- ADHD - please attach relevant information (behavioural concerns / strategies / triggers)
- Intellectual Disability - please attach relevant information (behavioural concerns / strategies / triggers)

If you have ticked YES to any of the above mentioned, can you please elaborate and attach more information in regards to your child's needs:

Please note: Please refer to the Camper Code of Conduct for expected levels of behaviour. We are unable to provide "one on one" care. If your child is unable to participate within a group, then unfortunately this camp is not appropriate for your child.

Medications

Will your child require Stringybark Lodge staff to give medication during camp? Yes / No

Name of Medication/s	Dosage	Times to be administered

Please list ANY recent changes from prescribed medications (including removal of any medications). This must be listed below:

Please cross out if permission is not given to administer the following if your child is in need:

Cough Medicine Paracetamol Panadol Aspirin Anti-Histamine Tablets (bites)

Additional Information

Any other information that may seem relevant for your child's stay at camp?

For Example: DIETARY NEEDS

Name: _____

How did you find out about Stringybark Lodge Camp? (new campers only)

- | | | | |
|--|--|--------------------------------------|---------------------------------|
| <input type="checkbox"/> Organisation | <input type="checkbox"/> Internet | <input type="checkbox"/> Facebook | <input type="checkbox"/> School |
| <input type="checkbox"/> Google Search | <input type="checkbox"/> Other Parents | <input type="checkbox"/> Other _____ | |

Parent/Guardian Declaration, Consent and Conditions of Application

I understand that in signing this application and medical form, I give consent to my child/ren, participating at Stringybark Lodge Camp, including involvement in some activities that are adventurous and fully accept any risks which may be involved. I certify that the child/ren are in good health (other than stated) and agree to abide by camp rules, including an acceptable level of behaviour.

In the event of accident or emergency, where it is not possible or practical to contact me, I authorise Stringybark Lodge staff to obtain whatever medical assistance and treatment that is necessary at my cost. I hereby release to the full extent permitted by the law, Stringybark Lodge Camp and its servants and agents from all claims and demands of every kind for any accident, harm or loss which my child/ren may suffer or that I may suffer as a result of my child/ren participating at Stringybark Lodge Camp.

I hereby indemnify Stringybark Lodge Camp and its servants and agents to the full extent permitted by the law for any loss, damages, expenses, claims, actions and suits brought for and on behalf of my child/ren and arising out of or in any way connected to Stringybark Lodge Camp.

Stringybark Lodge Camp reserves the right to request that a camper be taken away from the camp by the parent/guardian, if that child does not follow an acceptable level of behaviour & or medical needs. If the parent/guardian are unable to arrange transportation, Stringybark Lodge staff have authority to arrange transport deemed necessary at the expense of the parent/guardian. No money will be refunded once the camp has commenced should a camper be asked to leave.

I give permission for my child/ren to travel on transport provided by Stringybark Lodge Camp.

I hereby certify that I have read and accept all of the above conditions and the Cancellation Policy.

NAME _____ SIGNATURE _____ DATE _____

I give permission for Stringybark Lodge Camp to use photographs or video of my child/ren in updates on social media, of the children's progress at camp and for promotional material for Stringybark Lodge Camp, within keeping that all inappropriate photography that is in any way demeaning to the child are not permitted. YES NO **(THIS FORM IS NOT VALID IF IT IS ALTERED)**

Camper Code of Conduct Declaration

Code of Conduct must be read by Camper and Parent/Guardian before signing below.

CAMPER TO COMPLETE

I _____ have read the "Camper Code of Conduct" and hereby acknowledge the expectations of me attending the Teen Adventure Camp.

CAMPER SIGNATURE _____ DATE _____

PARENT/GUARDIAN TO COMPLETE

I _____, Parent/Guardian of _____ have read the "Camper Code of Conduct" and hereby acknowledge the expectations of my child attending the Teen Adventure Camp.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

Cancellation Policy

- ⇒ In the event of cancellation 4 weeks before camp commencement the full payment is refundable.
- ⇒ In the event of cancellation 3 weeks before the camp commencement a deposit of \$200 is payable and non-refundable.
- ⇒ Cancellation less than 1 week in advance (or non-notification) the full camp fee will apply.
- ⇒ If a medical certificate is supplied for the camp dates, fees will be transferred to another Stringybark Lodge Camp.