



Baptist Care

Holiday Activities Registration Form

APRIL 2015

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communities for children Murraylands

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Please return this form before Tuesday 7th April 2015

Step 1: Download and save this form to your computer

Step 2: Enter your details into the form

Step 3: Email completed form to adventurecamping@baptistcaresa.org.au

If you have any questions or require more information please phone (08) 8388 5234

PARTICIPANT DETAILS:

Full name: Gender: Female Male

Date of birth: / / Age: years

Address:

CONTACT DETAILS:

Primary contact name: Relationship to the child:

Phone Number: Email:

Is this the person to contact in case of an emergency?

Secondary emergency contact name:

Phone number: Relationship to the child:

MEDICAL DETAILS: *If you answer 'yes' to any of the following we will need to contact you for more information*

Does your child wear glasses/contacts? YES NO Date of last Tetanus injection?

Any allergies? YES NO Dietary needs? YES NO Regular medications? YES NO

Physical disability? YES NO Emotional/behavioural/mental health concerns? YES NO

Asthma? YES NO Can your child swim? 50m 100m 250m+

Other medical conditions we should be aware of?

HOLIDAY ACTIVITIES: Register by ticking the age group below

| DATE | Tuesday 14th April | Wednesday 15th April | Thursday 16th April | Friday 17th April | Tuesday 21st April | Wednesday 22nd April | Thursday 23rd April |
|-----------|---|---|---|---|------------------------------------|--|--------------------------------|
| LOCATION | Callington Adventure day 10am-1pm | Murray Bridge Adventure day 10am-1pm | Mannum Adventure day 10am-1pm | Mylor Fun Day - Pick up in Mannum, Callington & Murray Bridge | Callington Drumming 10am-1pm | Murray Bridge Drumming 10am-1pm | Mannum Drumming 10am-1pm |
| AGE GROUP | <input type="checkbox"/> 5-8 <input type="checkbox"/> 9-12 | <input type="checkbox"/> 5-8 <input type="checkbox"/> 9-12 | <input type="checkbox"/> 5-8 <input type="checkbox"/> 9-12 | <input type="checkbox"/> 5-12 | <input type="checkbox"/> 9-12 | <input type="checkbox"/> 9-12 | <input type="checkbox"/> 9-12 |

DATA COLLECTION (optional):

Do any of the following apply to you and/or your child?

CALD Employed Adult Young parents <20 years of age Aboriginal / TSI

INDEMNITY

1. I, (Parent/legal guardian name) [] hereby give permission for (Participant name) [] to attend Baptist Care Adventure Services Camp and I agree to follow the advice and direction of Baptist Care/Adventure Camping staff.

2. I consent to Baptist Care/Adventure Camping (which, in this document includes its agents and employees) obtaining any medical treatment that may be required including calling an ambulance service if, in its absolute opinion, it is required, and I agree to indemnify and hold forever indemnified Baptist Care from all costs arising from or associated with its decision to use an ambulance service. I agree to inform/give Baptist Care/Adventure Camping staff all medication to be taken on the program. I hereby give permission for Baptist Care first aid officer to issue medications if elected to do so and to administer nominated medications if required.

3. I understand that there are inherent risks associated with Adventure Camping Services activities and I agree to observe and fully comply with the safety standards and procedures, as described by Baptist Care/Adventure Camping staff for each activity.

4. I consent/give permission for any photographs taken by Baptist care staff to be used for promotional purposes.

5. I understand that Baptist Care shall not be liable for physical injury, or personal loss or damage to personal property except where such injury, loss or damage is due to negligence on the part of Baptist Care its agents and servants; AND I will indemnify and hold harmless and will keep indemnified and held harmless Baptist Care and its agents and servants from all claims, costs, damages, loss, expenses, actions or proceedings arising out of, connected with or in any way related to my participation on the program.

6. At Baptist Care, your personal information:
- a) is collected and used for the purpose of providing you with service which is individually suited to you
 - b) will be stored securely
 - c) will not be passed to third parties, unless with your express permission, when requested by the relevant authorities to protect people (including children) from harm or abuse, or when a person is at risk
 - d) may be accessed by staff associated with your service delivery
 - e) may be viewed by external auditors to assist with improving the quality of the services provided
 - f) can be seen by you, at your request

Unless you say otherwise, the consent will last for 12 months. You can withdraw your consent at any time.

DECLARATION

I consent to my personal information being kept and used as described above

I do not consent to my personal information being kept and used as described above

I understand that if I do not provide any information requested of me it may affect the quality of service I receive.

AUTHORISATION

Name: (parent/legal guardian) []

Signed* []

Date [] [] / [] [] / 2 0 1 5

*If emailing form please type name in signature field

Please SAVE form and email adventurecamping@baptistcaresa.org.au or fax (08) 8388 5796