ESA COUNTRY MINISTRIES
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CAMP APPLICATION FORM

Ref 1007web

ESA is a para-church organisation that runs Christian camps for all ages. We seek to **e**quip, **s**erve and **a**ssist country people in Christian outreach.

Please read this application form carefully and provide responses to ALL questions. It is important for the welfare of the camper that you do so. If information is not provided, and we need to return your form for completion, this may jeopardise a position on camp.

I would like to attend .....Camp

Name of Camper: .....

Address: .....

..... Postcode.....

Phone No: .....

E-mail: .....

Sex: **M / F** Date of Birth: .....

Age:..... School year: .....(both at time of camp)

I expect to be travelling to camp by:
Private Car / **Public transport** (please circle one)

If possible, I would like to room with: .....

.....

Does the Camper live at home at the above address ? **Yes** / **No**
(If no, please supply further details).....

Medicare number.....

Private Health Name ..... No.....

Ambulance No.....

Year of Last tetanus injection.....

Doctors Name: .....Ph Number:.....

Please tick if Camper suffers from any of the following:-

☐ Heart condition ☐ Epilepsy or Fits ☐ Bed wetting
☐ Travel Sickness ☐ Migraine Headaches ☐ Asthma
☐ Sleep Walking ☐ Allergies ☐ Diabetes ☐ Blackouts

Is Camper currently on medication? **Yes** / **No**

Does Camper have any special dietary requirements, or other needs, we should be aware of? **Yes** / **No**

If you have ticked or answered Yes to any of the above, please attach further details, so that we can provide the most appropriate care.

CAMPER'S STATEMENT

I agree to participate in all camp activities and co-operate with camp leaders. I agree not to bring alcohol, cigarettes, drugs, cassette/disc players, walkmans, electronic games, mobile phones, etc. I understand that I will lose the privilege of remaining at camp if I repeat unacceptable behaviour.

Camper's signature.....

Witness ..... Date:.....

(please print name of witness .....)

ACTIVITY / MEDICAL STATEMENT

This section to be signed by parent/guardian if application is for camper under 18 years of age.
If over 18 years of age, camper is required to sign this statement.

By signing & returning this form, I consent to the following:

I consent to the camper participating in all activities during camp. I understand that ESA leaders and staff will take all reasonable care of the camper whilst at camp. I agree to collect the camper in the event of dismissal from camp. I authorise the Camp Director in charge, where it is impractical to communicate with me, to consent to emergency medical arrangements on my behalf as deemed necessary by a qualified medical practitioner. (Such consent includes anaesthetic, blood transfusions and operations.) I give permission for the camper to be contacted by ESA, or ESA's representatives, after camp. I give permission for the camper's image to be used in any ESA print media e.g. "In-Step" or web page.

I agree (☐*do not agree*) to the camper being administered Paracetamol, when necessary, in recommended doses.

Parent/Legal Guardian OR 0ver 18 camper signature

Print Name.....

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

Emergency 24 hr Contact Details:

Name of Parent / Guardian .....

Phone:(home)..... (mobile).....

Second Emergency Contact person, during camp:

Name: .....(relationship to camper).....

Phone: (home) ..... (mobile).....

Enclosed is my cheque/money order or ☐ please bill my credit card (details below) ☐ Visa ☐ Bankcard ☐ Mastercard

_|_|_|_| _|_|_|_| _|_|_|_| _|_|_|_| **Expiry Date** : _|_| / _|_|

Name on Card:..... ..... **Signature**: .....

Amount : $ ..... This is a ☐ Deposit of $ 30 ☐ Full payment (money refundable if camp is full)

☐ Tick this box if you **DO NOT** wish to receive future camp details in "In Step" ESA's official publication.

ESA is committed to compliance with the privacy principles contained in the Privacy Act 1998. Our policy is available from our office, or at our web address – **www.esa.org.au**