

**APPLICATION FORM
2012 SUMMER CAMPING PROGRAM**



Applicant's Name: _____ **Prefers to be called:** _____

Gender: M / F (circle one) **Date Of Birth:** ____/____/____ **Age (@ 1/1/2012):** _____

Address: _____
_____ **Postcode:** _____

Parent/Guardian's Phone No's: _____ (H) _____ (W)
_____ (M)

Applicant's mobile phone number: _____ Tick if bringing this phone to camp

Email Address: _____ (parent/guardian)
_____ (applicant)

Please indicate if you are happy to receive **confirmation** of your booking **via email only**. YES / NO
If no, a letter will be sent to parent/guardian.

School Year Level in 2011: _____ **Name of School:** _____

If not at school please detail main activities: _____

Special dietary requirements: _____

Swimming ability (please tick)
 Non swimmer Less than 100 metres More than 100 metres

Outdoor experience: Please indicate briefly any experience in sailing, canoeing, bushwalking.

How did you find out about Camp Icthus? _____

I wish to enrol for: **CAMP 1** (15-17 years) **CAMP 2** (12-14 years)
(Please tick one) 3-12 January 2012 15-24 January 2012

I will be catching the train, departing from: (please tick one)
 Southern Cross Caulfield Dandenong Pakenham Other (Specify) _____

I will return by train, and will leave the train at: (please tick one)
 Southern Cross Caulfield Dandenong Pakenham Other (Specify) _____

If travelling by train please include an additional \$35 for your train fare. We provide chaperoned group travel from Melbourne to Bairnsdale and will pay V-Line in bulk.

I enclose my cheque/money order for \$_____ (please insert amount paid) payable to Camp Icthus Inc., and a completed and signed Declaration by Parent/Guardian.

**Please complete both sides of this application form, enclose your cheque/money order (payable to Camp Icthus Inc.) and send to
Walter Harwood, Summer Camp Coordinator, 84 Hotham St, Collingwood, 3066**

DECLARATION BY PARENT/GUARDIAN OF APPLICANT

Applicant's Medicare Number: _____

Is the applicant actively immunised against **tetanus**? YES / NO Date of last injection: ___/___/___

Does the applicant have any **medical condition or allergies** which should be known to leaders? YES / NO
If yes, please detail below or attach a separate sheet.

Is the applicant **taking any medication**? YES / NO If yes, please detail below or attach a separate sheet.

Does the applicant have **asthma**? YES / NO If yes, please attach copy of **current asthma management plan**, so camp leaders are aware of, and can follow the plan, in the case of an asthma incident.

Does the applicant have any **behavioural issues** which should be known to leaders? YES / NO
If yes please detail below or attach a separate sheet.

I, the undersigned, am the parent or guardian of the applicant named overleaf and, having checked the accuracy of all information provided, approve of this application. In doing so I agree that Camp Icthus Inc., its officers and servants, shall be free of all responsibility whatsoever with respect to any accident or illness during the applicant's participation in any camp activities, including bushwalking, canoeing, sailing, swimming and overnight camping.

I understand that throughout the summer camping program minor injuries or ailments such as headaches, nausea, strains, sprains and scratches can occur. I have indicated below any allergies the applicant has to medications which can be purchased in a supermarket, and have also indicated whether leaders have permission to administer these products according to recommended dosage rates. I understand that where these remedies are deemed unsuitable in treating the condition, camp leaders will either make contact with me or seek professional medical or pharmacist assistance. I give permission for any necessary medical attention for the applicant to be obtained and agree to meet any medical expenses for such attention.

Administer	Known Allergy	
Yes / No	Yes / No	Ibuprofen (eg: Nurofen)
Yes / No	Yes / No	Paracetamol (eg: Panadol, Panamax, Herron Paracetamol)
Yes / No	Yes / No	Aspirin (eg: Disprin, Aspro Clear)
Yes / No	Yes / No	Antihistamine (eg: Telfast, Claratyne)
Yes / No	Yes / No	Antacid / Anti nausea (eg: Dexsal, Mylanta, Seltzer-Saline)
Yes / No	Yes / No	Other - please specify _____

I declare that the applicant has been in good health and agree to advise the Camp Icthus Inc. immediately in the event of the applicant contracting an ailment which could be detrimental to the health of other participants.

I further declare that I have advised Camp Icthus Inc. of any behavioural issues which could affect either the applicant's participation in the program, or impact on other participants in the program.

I understand and agree that should Camp Icthus Inc. deem it necessary, for any reason, to return the applicant home at any time during the program, I will accept this and make any necessary arrangements.

Signed: _____ **Date:** ___/___/___

Full Name (block letters): _____ **Relationship to applicant:** _____

Parent/Guardian's address and phone number during camp (both business and after hours):

Alternative name, address & contact number in case unable to contact parent/guardian:

Group and activity photographs may be taken during the camping program and used for promotional purposes; no personally identifying information will ever accompany these images.

Please tick here if the participant can **NOT** appear in promotional photographs for any reason.

INFORMATION

2012 SUMMER CAMPING PROGRAM

CAMP DATES

CAMP ONE:	Tuesday 3 January – Thursday 12 January 2012	Ages 15 - 17 years
CAMP TWO:	Sunday 15 January – Tuesday 24 January 2012	Ages 12 - 14 years

Both camps are available to both genders.

COST

The cost of each camp is **\$450** (excluding train fare). No GST is payable on the cost of the camp program.

Bring a friend discount – Camp Icthus is a small organisation that relies on word of mouth recommendations from people who have experienced our programs. This year we are offering a **\$60 discount** on an applicant's camp fees if they bring a friend to camp who has not previously attending camp.

Family Discount - For two or more children from the same immediate family we offer a discounted fee. The discount is \$15 each for two children and \$20 each for three or more children.

Payment By Instalment - Applicants are not required to pay the full amount at one time.

If you wish you can pay by instalments. A minimum deposit of \$100 must be paid with your application, with the remainder due by Friday 9 December 2011.

If you wish to discuss alternative payment arrangements please contact Walter Harwood on 0403 965 551.

Subsidised Fees - May be granted to those who genuinely find the full fee beyond their means. Limited funds are available for this purpose and the application should be completed in the normal manner. However the applicant must include a written statement detailing reasons for requesting assistance. All requests will be treated in the strictest confidence.

TRANSPORT TO CAMP

We arrange chaperoned group train travel from Melbourne at a fare of **\$35** (GST incl.) return. We will book and pay for all tickets in one transaction. If you will be travelling by train please include an additional \$35 for the train fare with your application. As we need to confirm tickets in advance, late applicants may need to arrange their own V-Line tickets at normal fare – you will be advised when booking if this applies to you.

MOBILE PHONES & ELECTRONIC EQUIPMENT

The best Camp Icthus experience occurs when participants immerse themselves fully in all activities and leave the 'real' world at home. Camp Icthus is also on a bush site and we undertake many activities that involve water, sand and unpredictable environments. For these reasons we do not allow electronic games, music players, mobile phones or other devices.

We recommend that campers do not bring mobile phones to camp. We do however understand that campers may need to arrange transport to/from the train and may wish to contact home at some stage during camp. Any mobile phone brought to camp **MUST** be handed in to the camp leaders upon arrival. Mobile phones may be made available at suitable times to contact family (if required) and returned when leaving camp. If you wish to contact your loved one during our programs the Camp Icthus phone number is (03) 5156 6455, and we are happy for you to call this number at anytime.

Please advise us if your camper will be bringing a mobile phone to camp so we can ensure it is safely looked after by leaders and make any arrangements for calls home.

APPLICATIONS AND PAYMENT

Applications and full payment of camp fees are due by Friday 9 December 2011.

Applicants will be advised of the outcome of their application by email or post, with details of train times and what to bring to camp. Any payment will be returned if your application is unsuccessful. If you withdraw after 9 December 2011, a partial refund may be issued, dependant on expenses already incurred by Camp Icthus Inc. If you withdraw less than 7 days from camp, no refund will be issued.

Late applications will be considered if spaces are available.

APPLICATIONS AND REQUESTS FOR FURTHER INFORMATION

Summer Camps Coordinator: Walter Harwood, 84 Hotham St, Collingwood, VIC 3066

Phone: 0403 965 551

ABN: 38 932 155 653