

Adventure camps booking form

sign up now!

Given name:

Family name:

Preferred name:

Gender: Male Female

Address:

Postcode:

Age: D.O.B: / /

School Year: School:

Camper's email:

Parent/Guardian name:

Phone: (H) (W)

Phone: (M)

Email:

Alternate phone number:
(Must be given)

Contact name:

Relationship to camper:

Swimming status: Swimming not allowed Beginner
 Less than 25m More than 25m

Is anyone legally restricted from seeing this camper?

How did you hear about this camp?

Medicare number:

Card reference: Expiry: /

Last date of tetanus:

Ambulance cover: Yes No Number:

Please note ambulance costs will be the responsibility of the camper.

Diet/allergies:

Medications to be taken:

Disabilities/behavioural problems:

Asthma: Yes No

Paracetamol can be administered if necessary: Yes No

Can camper's leader/mentor contact camper by phone/email/post after camp?: Yes No

(Please specify dates you wish to book)

Spring Summer Winter Autumn

Date:

Camp name: \$

Date:

Camp name: \$

Date:

Camp name: \$

Merchandise

Camp photo \$5

(GST where applicable is included) Total \$

Method of payment

Enclosed is a CHEQUE / Money order for \$

(Made payable to Wesley Mission)

Please debit \$ from Visa* Mastercard*

Card number:

Expiry date: / Signature:

Name on card:

Payment date: FAO receipt required

*Credit Card surcharge of 2.75%

Please note full payment is required prior to camp.

If cancelled more than 2 weeks prior to camp a 30% payment is refunded.

If cancelled less than 2 weeks prior to camp there is no refund.

Disclaimer

In the event of an injury or illness, to my child, I give approval to any necessary medical treatment carried out by a legally qualified medical practitioner. Should this be necessary, I understand that my emergency contact will be notified as soon as possible. I attest and verify that I have full knowledge of the risks involved in attending and participating in this camp and my child have no physical or medical condition which has the potential to put my child or any other person at risk during the camp. My child is physically fit to participate. I exclude all supervisory staff and all Wesley Mission paid and unpaid staff from any personal liability in respect of any injury or illness that may befall my child while at the camp. I understand that attendance at the camp and undertaking any activities whatsoever involves a level of risk and that injury may occur. By agreeing to attend and participate, I waive any future right for my child or any member of my family to claim negligence, except for that which cannot be excluded at law.

Name: Date:

Signature:

Please send your completed form to Vision Valley:

Fax: 9655 1528

Email: retreatbookings@wesleymission.org.au

Post: Adventure Camps

PO Box 5

Galston NSW 2159

Office use only:

Receipt No: Entered date:

Sometimes at camps we take photos and film for use on our website. Please tick this box if you don't want your child to be photographed

I do not wish to receive emails from Vision Valley about upcoming holiday camps.