



live it with *spirit*



Prison Fellowship Australia Western Australia

# application form

## Welcome and thanks for applying to come on camp with SU WA and Prison Fellowship.

Apply now! at [www.suwa.org.au/breakaway](http://www.suwa.org.au/breakaway)

Or mail this completed form with the payment details supplied to 7 Irvine St, Bayswater WA 6053. Places on camp will be confirmed (subject to availability) once the non-refundable deposit has been paid and any other required information has been received.

### personal contact details

Camper's given name \_\_\_\_\_ Surname \_\_\_\_\_

Preferred Name \_\_\_\_\_  Male  Female

Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_ Camper's Mobile \_\_\_\_\_

Email \_\_\_\_\_

School \_\_\_\_\_

Church (if any) \_\_\_\_\_

Parent or Guardian's Name \_\_\_\_\_

Relationship \_\_\_\_\_ Contact Home ( ) \_\_\_\_\_

Contact Daytime ( ) \_\_\_\_\_ Mobile \_\_\_\_\_

Parent or Guardian's Email: \_\_\_\_\_

In the case of emergency, please provide an additional contact person in case we cannot reach you:

Name \_\_\_\_\_

Relationship \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Do you consent to appropriate use by SU WA and Prison Fellowship of photographs taken on the program that include your child (For example, inclusion in our **SU News** newsletter, placement on our web page or in a brochure)?  Yes  No

Do you consent to a leader continuing contact with your child after the event, within SU policy guidelines and with your full knowledge of details and purpose?  Yes  No

### camper info

Are there any family, behavioural, mental health or medical conditions which require special attention we should know about? eg. hearing or sight or other impairment, ADD or ADHD, court order or custody issues, formal counselling situations, or any other? Please provide details.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### medical info

Please indicate if any of the following apply to your child. Where necessary please note the details or attach a full explanation to this application form.

CONDITION	In the Past	Now	CONDITION	In the Past	Now
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Ear Infections	<input type="checkbox"/>	<input type="checkbox"/>
Appendicitis	<input type="checkbox"/>	<input type="checkbox"/>	Migraines	<input type="checkbox"/>	<input type="checkbox"/>
Bronchitis	<input type="checkbox"/>	<input type="checkbox"/>	Epilepsy/Fits	<input type="checkbox"/>	<input type="checkbox"/>
Chicken Pox	<input type="checkbox"/>	<input type="checkbox"/>	Fainting/Dizziness	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Glandular Fever	<input type="checkbox"/>	<input type="checkbox"/>
Heart Problems	<input type="checkbox"/>	<input type="checkbox"/>	ADD/ADHD	<input type="checkbox"/>	<input type="checkbox"/>
Measles/Mumps	<input type="checkbox"/>	<input type="checkbox"/>	Travel Sickness	<input type="checkbox"/>	<input type="checkbox"/>
Pneumonia	<input type="checkbox"/>	<input type="checkbox"/>	Recent Broken Bones/Illness	<input type="checkbox"/>	<input type="checkbox"/>
Tonsillitis	<input type="checkbox"/>	<input type="checkbox"/>	Sleepwalking	<input type="checkbox"/>	<input type="checkbox"/>
Depression	<input type="checkbox"/>	<input type="checkbox"/>	Bedwetting	<input type="checkbox"/>	<input type="checkbox"/>
Anxiety	<input type="checkbox"/>	<input type="checkbox"/>			
Other	<input type="checkbox"/>	<input type="checkbox"/>	Details: _____		

Special Dietary Requirements (provide details) \_\_\_\_\_

Allergy - foods (provide details - reactions) \_\_\_\_\_

Allergy - other (provide details - reactions) \_\_\_\_\_

Drug Reactions (eg. Penicillin allergy) \_\_\_\_\_

Can your child swim?  No  Fair  Well

Date of last Tetanus injection / /

**IMPORTANT:**  
 Please note that in regards to non-prescription medications such as paracetamol (eg. Panadol), it is our policy that leader team members do not provide medications.

Will your child need to take medication while on camp?  Yes  No

If yes, please list the medication: \_\_\_\_\_

Has your child been taken off medication recently? If so, please give details: \_\_\_\_\_

Medicare Number \_\_\_\_\_ Number on Card \_\_\_\_\_

Expiry Date / / Do you have ambulance cover?  Yes  No

**PARTICULAR ACTIVITIES**  
 In attending the program, you consent to your child's participation in a range of general sporting and recreational activities. If specific risk orientated activities are included, the program will have informed you of these.

Are there any specific activities that you do not wish your child to participate in? If yes, please specify:  Yes  No

### payment details

I understand that fees must be paid before camp and that \$50 will be retained if I cancel this application. (Please pay full fee or \$50 deposit with application)

**PAYMENT METHOD**

**Cheque** (Please make payable to Scripture Union of WA)  
 I have enclosed cheque for \$ \_\_\_\_\_

OR

**Credit Card:** I authorise SU WA to deduct \$ \_\_\_\_\_  
 from my  Visa  Mastercard

Credit Card Number

Name on Card \_\_\_\_\_ Expiry Date / /

Signature \_\_\_\_\_

Phone number of Credit Card holder \_\_\_\_\_

### your agreement with su wa

I am aware in signing this document for my child's participation in this program that certain elements of the program could be physically and emotionally demanding. Furthermore, I understand that certain inherent risks and dangers may exist in the activities in which my child will be participating. I acknowledge that while Scripture Union and its leaders will make every reasonable effort to minimise exposure to known risks, all hazards and dangers associated with these activities cannot be foreseen or may be beyond the control of Scripture Union, its leaders and staff. In the event of an emergency where my nominated contact people are unavailable:

- I authorise the leaders to obtain medical advice and/or assistance which they deem necessary.
  - I further authorise qualified practitioners to administer anaesthetic if required.
  - I accept all operation, blood transfusion and/or anaesthetic risks involved in the event that such procedures are deemed necessary.
  - I accept the responsibility for payment and agree to pay medical, transport and any other related expenses.
  - I confirm that the information contained in this application is true and correct.
  - I agree to inform the leader of any change to these details.
- I understand that the camp leaders will take all responsible care of my child whilst at camp and that SU WA or its representatives will not be liable in any injury or accident, or for damage or loss of property. I understand that in cases of unacceptable behaviour, campers will be sent home from camp.
- In the unfortunate event that my child needs to be sent home from camp, the following person can be contacted to arrange transport:

Name of Contact \_\_\_\_\_

Contact phone number \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date / /

### protecting your privacy

Protecting your privacy is important to us. The information we seek allows us to manage risk, provide reasonable care and administrate your involvement in our program. We are careful to keep your information confidential, and provide it only to those agents acting on behalf of SU WA who need it to enable them to perform their agreed activities (eg. First Aid officer). We will not use your information for other purposes. You are welcome to contact our office or visit [www.suwa.org.au](http://www.suwa.org.au) in relation to issues regarding your personal information and for a copy of our Privacy Policy. We only ask for information that is necessary for the purpose outlined in this statement. In some circumstances if you don't provide us with all requested information you could miss the opportunity to be involved in our program.

How did you receive our brochure? \_\_\_\_\_