



**RIVERBEND  
YOUTH  
CENTRE**



**SUMMER  
CAMP**

**2015**

**CAMP ONE!**  
Grades 3/4/5  
Jan 4 – Jan 9

**CAMP TWO!**  
Grades 5/6/7  
Jan 11 – Jan 16

**CAMP THREE!**  
Grades 7/8/9  
Jan 18 – Jan 23

Riverbend Youth Centre provides a happy holiday for young people, in an environment where principles of Christian living are taught and practiced. Each day's program includes informative Bible devotions and discussions. We aim to improve the quality of life of each camper.

Our leaders care about each camper. We want everyone to feel safe and happy at camp. We aim to provide an enjoyable 5 days packed full of games, crafts, outdoor activities, excursions, films, indoor games, outdoor sports, quizzes, concerts, singing AND really really great food.

**Camp Fee: \$125 per person**

Fees MUST be paid with Applications\*

Fees can be paid by cash, personal cheque, bank cheque or Australia post money order.

\*For cancellations prior to camp the fee will be refunded less \$20.

**SEND YOUR APPLICATION FORM AND FEE TO:**

Riverbend Youth Centre PO Box 768 Smithton TAS 7330

PLEASE NOTE due to the large number of children wishing to come to camp it is **HIGHLY RECOMMENDED** you get your application in at least **2 WEEKS PRIOR TO CAMP STARTING**. Fees MUST be paid with applications to secure a place.

Upon receipt of your application and fee, a letter acknowledging your acceptance will be sent, also giving you further details. If we have reached capacity you will be placed on a waiting list and notified of availability.

Phone: (03) 6452 1635 Email: [admin@riverbend.org.au](mailto:admin@riverbend.org.au) ABN 27 214 212 924

Applications are not accepted by phone, fax or email.

Web: [www.riverbend.org.au](http://www.riverbend.org.au)



**Which Camp would you like to attend?**

**CAMP 1**  **CAMP 2**  **CAMP 3**

**Camp Fee \$125 + Canteen Money** (Max \$15) \$ \_\_\_\_\_ = \$ \_\_\_\_\_ **Total Due**

Name of Camper: \_\_\_\_\_ Male  Female

Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_ School: \_\_\_\_\_ Grade in 2015: \_\_\_\_\_

I would like to room with: \_\_\_\_\_

(Full name of ONE friend only. We prefer to allocate Campers according to age.)

**Parents/guardians**, at Riverbend we want to care for each child who comes to our holiday camps. This begins when the child is dropped off and continues until they are picked up by their legal parents/guardians. To help us please fill in the following details. Please note that all information is treated confidentially. Cabin leaders and support staff are briefed on medical/behavioural problems that may require special care.

Do you agree to Riverbend using photos that include the Camper in:

Newsletters:  Brochures:  Newspapers:  Email:  Website:

**Medical Details**

Medicare Number: \_\_\_\_\_ Individual's No: \_\_\_\_\_ Expiry Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Health Care Card Number: \_\_\_\_\_ Expiry Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Tetanus Immunisation. Date of Last Booster: \_\_\_\_\_

Bed Wetting:  Asthma:  Migraines:  Travel Sickness:  Sleep Walking:  Allergies:

Please specify any Medication required: \_\_\_\_\_

Please specify any Disabilities or Conditions (including Behaviour that may require special care):  
\_\_\_\_\_  
\_\_\_\_\_

Do you agree to the Camper being administered panadol/paracetamol in recommended doses when necessary? Yes:  No:

Please specify any Dietary Requirements (e.g. Vegetarian, Diabetic): \_\_\_\_\_  
\_\_\_\_\_

**Emergency Contacts**

**In an Emergency who should we call?**

Name of Parent/Guardian: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Home Phone: \_\_\_\_\_ [ \_\_\_\_\_ ]'s Work No: \_\_\_\_\_ [ \_\_\_\_\_ ]'s Mobile: \_\_\_\_\_

Home Phone: \_\_\_\_\_ [ \_\_\_\_\_ ]'s Work No: \_\_\_\_\_ [ \_\_\_\_\_ ]'s Mobile: \_\_\_\_\_  
\*Please put person's name in [ ]'s  
E.g. [Mum]'s Work No: 03 64.....

Email Address: \_\_\_\_\_

**Second Emergency Contact** (In an emergency we will contact this person if the Parent / Guardian is not available.)

Name: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone No: \_\_\_\_\_ Mobile: \_\_\_\_\_

Name of person picking up Camper: \_\_\_\_\_

Are there any issues relating to custody we need to know? Yes:  No:

If Yes, please specify: \_\_\_\_\_  
\_\_\_\_\_

**Parent / Guardian Consent and Authority**

- Riverbend is a Christian campsite administered by the Christian Brethren Churches of Circular Head.
- We expect all campers to **participate** in all camp activities including games, Bible studies and devotions.
- We want to have a safe and positive camp environment. Upon receipt of this application each camper will be sent a code of conduct to read and adhere to. If campers are not prepared to agree to this code of conduct, you are invited to phone us and withdraw your application.
- **Campers are not to bring mobile phones, laptops, electronic games, CD players, MP3 players, knives, scissors, swap cards, tarot cards, matches or lighters.**
- **Aerosol deodorant cans are not permitted due to health reasons.**
- Absolutely no drugs, alcohol or cigarettes are allowed at camp.

I have read the consent section carefully.

I approve of this application and agree that although camp leaders will exercise all possible care they are not liable for any injuries or damages which may be sustained to person or property.

I also authorise the camp to obtain any medical attention as required at my expense and promptly notify me.

I understand that if the camper does not abide by Riverbend's code of conduct, camp management reserve the right to remove them from camp.

Signed: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**OFFICE USE ONLY** C ID: \_\_\_\_\_ Receipt No: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Fees paid:  Reply Sent:

Any extra details relating to information we need to know can be included in an attached letter.