

WIPEOUT

Riverbend Youth Camp 2016

James 3:2a We all stumble in many ways.

Psalm 118:13 I was pushed back and about to fall, but the LORD helped me.

When: Fri 15th April @ 7pm till Mon 18th April @ 2pm

We have a great Study Leader lined up, this will be a camp of Fun, High energy activities & awesome times together, Bring a friend have a blast! **Please** bring some clothes that you can get dirty in. Mobile Phones will be allowed except During chapel times.



Please Note Riverbend will no longer be using styrofoam cups for water between meals & requires everyone to bring a Drink Bottle that is clearly named.

Would you Like to pay by Bank Deposit? See Details Below

Bank: Commonwealth, BSB: 067 408, Acc: 1018 0422, **Please Use Surname as Reference**



Riverbend
YOUTH CENTRE



03 64521635,



0457 809 700,



admin@riverbend.org.au



www.riverbend.org.au



Riverbend Youth Centre PO Box 768, Smithton Tas 7330

Get your Application in fast as spaces are limited. Once all places are filled you will be placed on the waiting list. Once your application form has been received by mail or email along with payment your form will be processed, then a letter of acknowledgement & acceptance will be sent out. This may contain any further detail you may need to know about the camp you are attending. Anyone sent home for not abiding by our code of conduct will not receive any form of refund. Cancellation fee is \$20

Disclaimers

1. All volunteer workers aged 16 & above including staff at Riverbend are required to have a current "Working with vulnerable people" card
2. Signing children in and out of camp must be done by a parent/guardian/carer
3. Riverbend staff will not release children to a non-custodial person without parent/guardian authorization

A reminder, No parents/guardians/carers are to approach other children during pick up or drop off times to discuss camp issues. All such discussions are to be held with Riverbend site staff

Which Camp would you like to attend?

Camp 2 –April 15th to April 18th (Youth Camp)

Camp starts @ 7pm & finishes @2pm, anyone needing to work Monday will be able to finish on Sunday Night.

Bank Deposit CBA

BSB: 067 408

Acc: 1018 0422

Use Surname as Ref

Camp Fee \$90 + Canteen Money (Max \$15) \$ _____ = \$ _____ Total Due

Payment Method: Cash Cheque Money Order Direct Deposit Receipt # _____

Name of Camper: _____ Male Female

Date of birth: ____ / ____ / ____ Age: ____ School: _____ Grade in 2016: _____

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: _____ N Expiry Date: ____ / ____ / ____

Tetanus Immunisation. Date of Last Booster: _____

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

Please specify any Medication required: _____

Does your child have any Disabilities, Conditions or Behavioural issues? Please give details: _____

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: _____

*Please put person's name in []'s

Home E.g. [Mum]'s Work No: 03 64..... []'s Work No: _____ []'s Mobile: _____

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: ____ / ____ / ____

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

OFFICE USE ONLY C ID: _____ Receipt No: _____

Date: ____ / ____ / ____ Fees paid: