

CYC Ministries - Holiday Camps Agency Application

Section 1: Camp Selection
Please select a camp from the list below:

<input type="checkbox"/> CYC The Island Snr Teen Camp	Sunday 27th Dec - Saturday 2nd Jan	\$272/\$245
<input type="checkbox"/> CYC The Island Jnr Teen Camp	Sunday 3rd Jan - Thursday 7th Jan	\$212/\$190
<input type="checkbox"/> Impact Primary Camp	Sunday 3rd Jan - Thursday 7th Jan	\$212/\$190
<input type="checkbox"/> CYC The Island Primary Camp	Thursday 7th Jan - Monday 11th Jan	\$212/\$190
<input type="checkbox"/> Forest Edge Primary Camp	Monday 11th Jan - Friday 15th Jan	\$212/\$190
<input type="checkbox"/> Forest Edge Teen Camp	Saturday 16th Jan - Wednesday 20th Jan	\$212/\$190

Note: Applications received before 31st October qualify for a 10% discount, hence dual prices above

Please refer to the reverse of this form for details on where to post this form depending on which camp you have selected.

Section 2: Camper's Details (Please ensure all information is completed)

Name of Camper: Male Female
(Please use Camper's preferred name)

Address: Street Suburb State Postcode

Name of Parent/s or Guardian:

Phone: (Home) (Work) (Mobile)

Camper's E-mail:

Parent's E-mail:

Camper's Date of Birth: **Age (at time of camp):**

Section 3: Medical Details (Please add further information on a separate page if required)

Specify below any disabilities or conditions (or behaviour) that may require special care:
(Some examples might be bed wetting, fits of any type, heart conditions, dizzy spells, migraines, travel sickness, sleep walking, ADD/ADHD, Asthma)

Please specify any medication that the camper may be taking during camp:

Please note: Medication **MUST** be supplied in clearly labelled dosage boxes.
Campers usually on medication for behavioural problems may not use camp as a break from their medication.

Specify below any dietary requirements (ie. Vegetarian, Dairy-free, other food allergies):

Medicare Number: **Medicare Expiry:** **Tetanus Date:**
(Please ensure immunisation is current before camp)

Health Care Card No: **HCC Expiry:** **Ambulance Membership:** Yes No

Hospital Fund/Health Insurance: Yes No

Is the Camper allowed to be administered paracetamol in recommended doses if required?
 Yes No

Section 4: Emergency Contact Details
MUST be available 24 hours a day during camp and be different from parent/guardian
(In an emergency we will contact this person if unsuccessful in our attempts to contact the parent/guardian)

Name: **Relationship to Camper:**

Phone: (Home) (Work) (Mobile)

Family Doctor and/or Medical Clinic

Name: **Phone:**

Section 5: Other Information

Swimming Ability: None Little (25m) Good (50m) 100+ metres
(Please note: If you choose "none" the Camper will not be allowed to take part in any swimming activities. If the Camper is a weak swimmer and/or is okay to play in shallow water, please select "little" rather than "none")

Section 6: Camp-specific Information

Cabinmate:
(Full name of one friend)
Please note: While every effort will be made to accommodate this request, no guarantees can be made. Campers will be accommodated with others their own age where possible.

Registration:
Please indicate who will be registering the Camper and who will be picking them up at the conclusion of camp. If you do not know at this stage, please advise in writing prior to camp.

The Camper will be registered by:

The Camper will be picked up by:

Tee-shirt size (Note: not all camps will have a tee-shirt)
Children sizes: 8 10 12 14
Adult sizes: XS S M L XL 2XL

Transport (Phillip Island only)
For the camps on Phillip Island (*not* Forest Edge), a bus is run to Dandenong on the last day of camp.
Is a seat on the bus required
 Yes No

Section 7: Parent/Guardian Consent and Authority
(MUST be signed before a Camper is accepted)

The current *Important Information* about camps and *Parent/Guardian Consent and Authority* is included on the reverse (or page 2) of this form. Your signature below states that you are the parent or legal guardian of the Camper and that you agree to the terms as listed.

Signed: **Date:**

Please note: All campers represented or sponsored by an agency require a completed agency information form to accompany this application. See reverse for details.

Section 8: Payment Details

Amount Enclosed/Authorised: *Please refer to the reverse of this form for further information regarding payment*

Credit Card Information: Visa Mastercard

Cardholder Name:

Card Number:

Card Expiry (mm/yy): **Signature:**

AUTH No.

OWING

FEES PAID

DATE RECEIVED

OFFICE USE ONLY: Reply sent Computer

Holiday Camps Application Form

This application form has been designed to allow you to register for any of the holiday camps at CYC The Island, Phillip Island Adventure Resort (Impact Camps) or Forest Edge.

Camps this Summer:

CYC The Island Snr Teen Camp	Sunday 27th Dec - Saturday 2nd Jan	\$272/\$245
CYC The Island Jnr Teen Camp	Sunday 3rd Jan - Thursday 7th Jan	\$212/\$190
Impact Primary Camp	Sunday 3rd Jan - Thursday 7th Jan	\$212/\$190
CYC The Island Primary Camp	Thursday 7th Jan - Monday 11th Jan	\$212/\$190
Forest Edge Primary Camp	Monday 11th Jan - Friday 15th Jan	\$212/\$190
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Note: Applications received before 31st October qualify for a 10% discount, hence dual prices above

Information for Parents:

Our Holiday Camps are designed to build confidence, self-esteem and teamwork amongst the campers, as well as being fun! Although camp is an active environment, we try to provide a balanced program, so that "non-sporty" children have just as much fun as those who are. Children are well supervised, and qualified first-aid personnel are on-site during all holiday camps. We look forward to having your child at camp.

CYC Ltd runs camps during each of the school holidays for Primary/Junior (8-12 years) and Teen (13-17 years) Campers at three campsites in Victoria; *CYC The Island, Phillip Island Adventure Resort and Forest Edge*

Important Information

1. Our Holiday Camps are part of a Christian ministry program, and all campers are expected to participate in all camp activities, including study times and devotions.
2. No drugs, alcohol or smoking are allowed on camp.
3. To maintain a positive camp atmosphere, no bullying or the like will be permitted. Upon acceptance into camp, all campers will be sent a camper's code of conduct, which they must read and agree to before coming to camp. (cyc.org.au/holiday/CampersCode.pdf) Please note that in the event a Camper is expelled from camp due to breaches of this code of conduct, no fees will be refunded.
4. The following items are not permitted on camp: iPods, Walkmans, CD Players, Stereos, Computer or electronic games, Mobile phones.
5. Information included on the camp application form is subject to our privacy policy. Name and address details are used for sending information regarding camp and are not released to third parties. Cabin and/or Team Leaders are briefed on any medical/behavioural conditions that may require special care during the camp. In the case of a hospital visit, medicare and family doctor details etc. are released to the hospital to allow the best care for the camper. Our complete privacy policy is available upon request, or can be found on our website. (cyc.org.au/privacy)
6. Camper must provide transport to camp. Return transport from *camps held at the Phillip Island sites*, if required, is provided in the form of a bus to Dandenong Park (opposite the police complex, corner of Pultney & Wilson St - Melways Reference 90:E8) on the last day of camp.
7. The application form must be filled in completely and legibly before a camper is accepted into camp. Submission of an application form does not guarantee a place in camp.
8. Digital and/or video cameras may be used throughout the week, and all campers may appear in this footage.
9. All staff involved with campers and guests have been required to complete a reference check, including a police check.
10. CYC Ltd is a Registered Care Provider

Provider Numbers: 320 953 909H (CYC The Island), 320 930 511K (Forest Edge), 320 933 034K (PIAR)

Parent/Guardian Consent and Authority:

I/We authorise the Director/s in charge of the camp to consent, where it is impractical to communicate with me/us, to the camper receiving such medical/surgical treatment as may be deemed necessary. I/We accept responsibility for any costs involved in seeking said medical/surgical treatment for the camper. I/We understand that Christian Youth Camps Ltd.* and its employees do not accept liability for the loss of property or damage or personal injury arising from the use of the facilities or equipment, except where Christian Youth Camps Ltd. and its employees are negligent. I further understand and agree to the camper participating in any and all activities that CYC Ltd may see fit and safe to run, including water and adventure based activities, such as, but not limited to, abseiling, canoeing, water-skiing, ropes course, climbing, swimming, surfing etc. I/We understand that transport arrangements to and from a Christian Youth Camps Ltd camp/program other than through any Christian Youth Camps Ltd advertised means will not be arranged, and Christian Youth Camps Ltd cannot be held responsible for any outcome/s eventuating from any private arrangements. I/We accept that Christian Youth Camps Ltd bears no responsibility for campers other than during the advertised times of the camp/program/event for which the camper/participant has been registered and accepted, unless previously arranged for and accepted in writing by both/all parties. Information submitted on this form signifies agreement to our conditions, privacy policy and use of information for listed purposes. (As listed elsewhere on this form.)

*Christian Youth Camps Ltd (or CYC Ltd) as above refers to Christian Youth Camps Ltd and all of its trading names, such as *CYC The Island, Phillip Island Adventure Resort, Forest Edge CYC, Adanac CYC, and CYC Ministries*.

Agencies: Please note that the parent/guardian consent and authority **must** be completed in addition to any internal agency documentation. We also **require** an "agency information form" (available from the website, or contact us to fax/e-mail you a copy) to be completed for any Campers who are represented or sponsored by an agency.

Application Information:

Please note: A place in camp is not reserved until we receive a minimum \$50 non-refundable administration deposit.

All transactions in accordance with our camp fees are GST Free under section 38-250 of A New Tax System (Goods and Services Tax) Act 1999.

Please ensure you post your camp application to the following address:



CYC Ministries

C:/ PIAR

1775 Phillip Island Road, Cowes, 3922

*Please make payments for all camps to "CYC Ministries"
(or complete credit card information on the form)*

For further information on camps, contact Bek on (03) 5952 3135 or info@holidaycamps.org.au



Christian Youth Camps Ministries - Agency Information Form

To assist us in better catering for campers who are supported through your agency, please complete the following form and return it **along with** the standard camp application form for each camper. This form can be used for Holiday Camps at CYC The Island, Phillip Island Adventure Resort (Impact), and Forest Edge.

Camper's Name:

Section #1: Agency Information - Agency Representing the Camper

Agency Name: Agency Address:

Agency Phone: Agency Fax: Email:

Case Worker: Office Number: Mobile Number:

How long has the Case Worker known the Camper? Is this Case Worker available to contact during camp? Yes No

Please send a copy of the Reply Letter to the Case Worker as well as the Camper

(If the Case Worker is not available during the period of camp, please also provide separate details of another available worker **who knows** the camper)

Other Worker: Office Number: Mobile Number:

Section #2: Camper Information

Has the Camper been to one of our camps before? Yes No

The Camper's current living arrangements would best be described as:

Foster Care Residential Care Unit Between Placements Lives with both parents Lives with one parent

Other:

The Camper's frame of mind about coming to camp is: Positive Negative Indifferent They don't yet know they're coming

In the event that somebody needs to be contacted regarding behavioural issues, we should contact:

the parent/guardian the case worker case worker first and then the parent/guardian parent/guardian first and then the case worker

In the event that somebody needs to be contacted in an emergency (illness or injury) situation, we should contact:

the parent/guardian the case worker case worker first and then the parent/guardian parent/guardian first and then the case worker

If there is any further information that may help us better care for the Camper, please include this below, or call the Youth Worker/Camp Director to discuss prior to camp. If there are current strategies in place for behavioural or anger management for this Camper, knowing these strategies in advance will help us keep consistency during their stay on camp.

Further notes:

Section #3: Agency Information - Agency Responsible for the Account

Agency Name: Agency Address:

Agency Phone: Agency Fax: Email:

Contact Name: Best Contact Number:

This Camper's camp fees are being split between different agencies, or agency and parents.

(Please note: If the camp fees are to be split, and multiple invoices are required, please provide **detailed instructions**, or the full invoice will be sent to this agency.)

Handy hint for agencies: If the **only thing** you're waiting on is a parent's signature or for the finances to be approved, we suggest sending in a copy of the application to us. We cannot confirm a place in camp until we receive a completed form, but at least this way we will be expecting it.