

# School Holiday Camp Registration



<b>Name/Date of Camp:</b>			
<b>Camper Name(s):</b> <i>Same family</i>			
1.			
2.			
<b>Date of Birth</b>		1.	Male / Female
		2.	Male / Female
<b>Address:</b>		Town/City	
		Postcode	
<b>Phone:</b>	Home	Work	Mobile
<b>Email</b>			
<b>Other organisations involved with your child: please circle</b>			
CYFs OHF	CAPS CAMHS	Other:	
<b>Does your child receive teacher aide support at school?</b>			Yes / No
<b>If yes please provide details:</b>			
<b>Please give us the name and contact phone numbers for the person who will be picking your child/ren up from camp:</b>			
<b>I am currently registered with WINZ and qualify for an OSCAR subsidy.</b>			YES
<b>Please send me an OSCAR Subsidy Declaration for this school holiday programme.</b>			NO
<b>I am not registered with WINZ and do not know if I qualify for an OSCAR Subsidy.</b>			YES
<b>Please send me a Childcare and OSCAR Subsidy Application form.</b>			NO

<b>Medical information:</b>			
<b>Doctor / Medical Centre and their phone number:</b>			
<b>Medical conditions:</b> (i.e. allergies, asthma).			
1.			
2.			
<b>Regular medications:</b> our policy requires that these medications be handed in at the registration desk upon arrival. The staff member will note the instructions and you will need to sign the medication in and at the end of camp sign it out. <b><i>Please</i></b> include bedwetting so we manage and minimise any issues around this.			
1.			
2.			
<b>Is there anything else we should know to ensure your child is well cared for?</b> (i.e. custody arrangements, special needs, behavioural issues, special dietary needs, fears)			
1.			
2.			
<b>Is your child confident around water and what is their swimming ability?</b>			
1.		2.	
<b>Parents / Caregivers</b>			
<b>Phone:</b>	Home	Work	Mobile
<b>Alternative contact:</b> (NOTE: This cannot be an agency representative or social worker)			
<b>Name:</b>			
<b>Phone</b>	Home	Work	Mobile
<b>Are you affiliated with a church?</b>	Yes / No		
<b>Name of church:</b>			



# Important Information for Parents/Guardians

## Privacy

All information in this registration or collected during camp is confidential and is for the use of Chosen Valley Christian Camp for mail outs, follow up, emergencies and administration. It may need to be shared with government agencies for statistical purposes or where safety is a concern, with CYFs or the police. Legal guardians of children may request to see or update information held by camp at any time.

## Use of Photos/Video

During camp photos and video will be taken of campers and activities, these will be appropriate and tasteful. These images are used for an end of camp highlights slideshow, shown at camp.

From time to time we would like to be able to use photos and videos taken during this camp for the purpose of marketing Chosen Valley Christian Camp. These may appear in printed form, on our website or social media. We seek your permission to potentially use any photos and video of your child in this way. See the section on the Parental Consent form.

Information is collected and held by: *Chosen Valley Christian Camp, 53 Turner Rd, Ararimu, RD3 Drury, Auckland 2579*

## Liability Disclaimer

Chosen Valley Camp accepts no responsibility for accidents or situations arising from the improper use of camp equipment, or failure to follow staff instructions.

# Consent Form

- I agree Chosen Valley Christian Camp will be free from liability for any injury or loss which my child may sustain to person or property.
- I give consent for my child to participate in all camp activities, including activities that occur in the local community or geographical area.
- I give consent for my child to view appropriate G and PG rated movies that are shown at camp.
- I agree my child will abide by the camp rules and that the camp reserves the right to send them home if a health or disciplinary problem arises—without a refund.
- I agree to pay for all damages done by my child.
- I authorise Chosen Valley Christian Camp to send my child information about future camps.
- I give permission for Chosen Valley Christian Camp to administer basic first aid as required
- In the case of an emergency where I cannot be contacted I give permission for Chosen Valley Christian Camp to secure proper treatment for my child as deemed necessary, including an anaesthetic.
- I give permission for Paracetamol and/or Nurofen to be administered to my child for minor pain at the discretion of the camp staff as per prescribing instructions.
- If necessary I will collect my child if it is not appropriate for them to continue staying at camp.
  
- I give my permission for photos or videos taken during camp to be used for publicity purposes. Please inform the managers if there are safety issues we need to be aware of.

### USE OF PHOTOS/VIDEOS BY CHOSEN VALLEY CHRISTIAN CAMP

- I give my permission to use photos/videos of my child for promotional purposes
- I DO NOT give my permission to use photos/videos of my child for promotional purposes

I have read and understand the information and consent to my child attending camp.

**NOTE: THIS FORM MUST BE SIGNED BY A PARENT OR CAREGIVER**

.....  
Parent/Guardian

.....  
Date



## Camp Rules and Camper Agreement

We want to make sure that everyone who comes to camp has the best time. We have rules that everyone has to follow. Please read these and sign your name to show you agree to follow them.

- I will follow all safety signs: Go, Wait, Stop.
- I will not play with fire hoses, fire alarms or extinguishes.
- I will not go into other cabins belonging to the opposite gender.
- As a camper I will stay with your team and follow the instructions given by your leaders.
- I will not swap teams / dorms.
- I will not take food and drink is not permitted in dorms.
- I will not go in areas that are out of bounds except in an emergency
  - The main road and car park
  - Staff houses and surrounding gardens and driveways
  - Workshop and storage areas
  - The pond area without your leader
- I understand that bullying, teasing or name calling will not be tolerated (This may result in you being sent home).
- I understand fighting and violence will result in myself, the camper, being sent home.
- I understand that there is no inappropriate physical contact at camp.

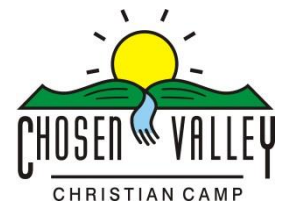
**I have read and agree to follow all the rules while I am at camp.**

.....  
Camper Signature (Camper #1)

.....  
Date

.....  
Camper Signature (Camper #2)

.....  
Date



# Other information

## Costs and Payment

Each camp costs \$210.00 or \$190.00 if two or more from the same family (inclusive of canteen)

A \$50.00 deposit is required with registration.

Please make cheques payable to *Chosen Valley Camp Trust*. Fees can be paid by instalments prior to each camp. Please contact the camp office to discuss this.

Alternatively you can use internet banking. Please use your child's surname and initial as a reference. Our account number is: 12 3110 0095374 00, Chosen Valley Camp Trust

*Please note: We have no **Credit Card** or **EFTPOS** facilities*

## Arrival & Departure

Registrations open at 3:00pm on Sunday and camp finishes the following Friday at 11am. Late pickup can be arranged at the manager's discretion.

**Security:** At the beginning of camp you will need to register and sign-in your child to camp. At the end of the camp you will need to sign-out your child before you take them home.

## Emergency Contact

General phone calls to campers are discouraged as often children become more home sick. If you need to contact your child in an emergency please call the camp office where the phone will be answered.

**Chosen Valley Christian Camp - 09 294 8296**