

APPLICATION FORM FOR WINTER CAMP 2009

Please send forms to: Ilan Buchbinder, 19 Cornwall St, Dianella 6059

***** Forms Due on 1st July *****

Separate forms need to be filled out for each child attending camp

NAME: _____ GENDER: M / F
ADDRESS: _____ POSTCODE: _____
E-MAIL: _____
PHONE (H): _____ MOBILE: _____
DATE OF BIRTH: _____ YEAR: _____ SCHOOL: _____
VEGETARIAN: Y / N CHALAV YISRAEL: Y / N LACTOSE INTOLERANT: Y / N

In case of *emergency*,

Contact: _____ Relationship: _____
Phone (H): _____ Phone (M): _____

Each camp, one general item of clothing is given to every chanich as a souvenir, in their size. The item of clothing and it's design are kept secret until camp. To order the correct size for your child please fill out the following form. In order to keep the camp's souvenir a secret, please fill out all of the sizes, even though there is only one relevant one.

Shirt size: _____ **Jumper size:** _____
Waist size: _____ cm **Head size:** _____ cm
Shoe size: _____ **Pants/skirt size:** _____

Declaration: *To be signed by parent or legal guardian*

I, the undersigned parent/guardian of the above named applicant, permit him/her to participate in the Bnei Akiva Camp and hereby absolve Bnei Akiva and any persons acting on behalf of the said movement from any liability and/or damage sustained by reason of injury to the said camper's property and/or person in any way whatsoever until the time he/she returns home. I hereby designate the head of the camp or anyone duly appointed to act in loco-parentis on my behalf. I hereby declare that the applicant has been in good health and in the event of any accident or illness, I agree to meet any expenses or damages involved in obtaining any necessary medical assistance.

Signed: _____ **Date:** ___ / ___ / 2009

WINTER CAMP PAYMENT FORM

PAYMENT METHOD (please tick)

- Internet Banking (attach receipt)**
- Cheque**
- Cash**

Banking Details

Name: Bnei Akiva
BSB: 036059
Account No: 203026

Cheques made payable to Bnei Akiva. Please send all cash and cheque payments to:

Bnei Akiva
19 Cornwall St
Dianella 6059

I would like to enclose \$ _____ as a donation to subsidise other children attending camp.

*Please note a late fee of \$10 applies if a form is received after Wednesday 1st July (call Daniel Dorevitch on 0431612275 for enquiries).

No alcohol, drugs or raiding equipment are allowed on camp. Anyone found with any of these items will be sent home immediately.

Please complete the medical form on the other side of this page

MEDICAL FORM

Medicare No.: _____

Family Doctor: _____ Phone: _____

Private Health Fund: _____

Membership No.: _____

***We are fortunate enough to have a leader with senior first aid certificate at camp, who is able to administer Panadol, ventoline and aspirin where necessary. Nevertheless, we would appreciate parental consent for him and to administer these medications where appropriate. There will also be a doctor joining us for the majority of camp. (If parental consent is not provided, we will call home if your child requires Panadol).

Please sign if you provide consent: _____

Name of Parent/Guardian providing consent: _____

*** If your child requires specific medication, which you have supplied to be administered to your child at camp, please provide us with your consent to administer this medication in accordance with your child's doctor or your instructions.

Please sign if you provide consent: _____

ALLERGIES (especially to medication): _____

DATE OF LAST TETANUS INJECTION: ___ / ___ / ___

ASTHMATIC: YES/NO (please circle)

Please include Asthma management plan:

Please state below if your child suffers from any illness or sickness and any other relevant medical information. All medication must be brought to the attention of the camp doctors, and will be administered by them:

Parent / Guardian's Signature: _____ DATE: ___ / ___ / 2009