

Registration Form

Tahlee Adventure Camp

Monday 25th September 10:30 a.m. to Friday 29th September 2:30 p.m., 2017.

Last Name Date of birth.....
Given Name/s Year at School..... M/F.....
Address Town..... Postcode.....
Phone Mobile email.....

Emergency contacts

1. Name Relationship to child Phone

2. Name Relationship to child Phone

Please give details of:

a. Any person(s) not permitted to contact or collect your child while in the care of Tahlee Kids Camp leaders

b. Any court order related to such.

Safety and Care Details

Are there any medical, dietary or care issues which require special attention that we should know about? **Yes** **No** .

If yes please list below; **include any and all** hearing or sight impairment, ADD, ADHD, allergies (e.g. Bee stings, penicillin, aspirin, peanuts, other (food), medicines, behavioural issues, custody order, formal counselling, or any other issues that may affect their safety and care. Attach a separate sheet if required.

Is your child presently taking any medication? **Yes** **No** If yes, please give details

What year did your child last receive a tetanus injection?		Please list Medicare number
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Medical/Hospital Fund No.....

Name of Family Doctor Phone

I give permission for (person's name)to collect my child.....at the end of camp.

Your child's swimming ability - can't swim poor swimmer average swimmer good swimmer (tick box)

I give permission for photos of my child taken at the above Camp to be displayed in a public place (e.g. church presentation), included in Tahlee Ministries' publications, Facebook or webpage, unless I explicitly advise otherwise as follows:

Where it is impractical to communicate with me, I authorise the Leader in charge of the abovementioned group to arrange for my child to receive such medical treatment as the Leader may deem necessary at any time during the activities of the camp. I further authorise the use of an ambulance if it is necessary in the Leader's judgement. I accept full responsibility for payment of all expenses associated with such treatment. I accept that the Leaders of the abovementioned group will take every care and that the Leaders and Helpers cannot be held responsible for personal injury, loss or theft of property affecting my child.

Name (please print)

Signature Date.....

**Please Return this form by Friday 15th September with \$40 deposit or the full amount of \$190 to:
Tahlee Kids Camp, Tahlee Ministries, Locked Bag 1, Karuah NSW 2324
For Credit Facilities phone 49973003, or enclose a cheque.
Please make cheque payable to Tahlee Ministries Inc.
For more information phone 4997 3003, or email info@tahlee.org**