

# Registration Form Tahlee Easter Camp

Tuesday 17th April 10:30 a.m. to Friday 20th April 2:30 p.m., 2018.

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 Wednesday, 4th April with \$40 deposit or the full amount of \$190 to:  
Tahlee Easter Camp, Tahlee Ministries, Locked Bag 1, Karuah NSW 2324 or email [info@tahlee.org](mailto:info@tahlee.org)  
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](mailto:info@tahlee.org)**