

ANNUAL THEME CAMP APPLICATION

Completed Health Form (P.I.R.) must be emailed to: dlsfrankston@gmail.com and annualthemecamp@gmail.com

This Application Form with a Cheque for the amount of \$40 made out to: 1st Carrum Downs ATC to be mailed to:

Annual Theme Camp

Address will be supplied Upon Request

Skye VIC 3977

(or \$40 Cash with Application made via other arrangements and not sent through the mail)

Closing Date for receipt of ALL applications AND FULL Payment must be received by: 27/06/2014.

ALL Applications received will be subject to Full Payment Being Received at the same time as the Application is received. There is NO GUARANTEE a place will be granted. You will be notified if you have been given a place.

Applications received without an accompanying payment WILL NOT be accepted – THIS IS FINAL.

APPLICANT DETAILS

Surname: Given Name/s:

Address:

Suburb: State: Postcode:

Phone (Home): Mobile:

Registration No.: Date Of Birth: / / Gender:

Section: Group:

{District: Region: }

WWC No.: (all adults in attendance require a **Current** Working W/ Children Card)

PARENT/GUARDIAN DETAILS

Parent 1 Surname: Parent 1 Given Name/s:

Address:

Suburb: State: Postcode:

Phone (Home): Phone (Other):

Email Address:

Parent 2 Surname: Parent 2 Given Name/s:

Address:

Suburb: State: Postcode:

Phone (Home): Phone (Other):

Email Address:

EMERGENCY CONTACT DETAILS

Full Name: Relationship to Youth Member:

Phone (Home): Phone (Other):

ALLERGIES YOUTH MEMBER HAS THAT WE NEED TO KNOW ABOUT (e.g. Asthma, Anaphylaxis)

OTHER DETAILS

Are there any Court Orders in relation to the Applicant? YES / NO (please circle)

[Only the ATC Admin Team needs to know about these. Contact will be made with you if necessary to discuss.]

I give permission for my Youth Member to be published on the ATC Website, in the Local papers and by Scouts Australia as per the guidelines set out by them. YES / NO (please circle)

ADVENTUROUS ACTIVITIES CONSENT

I (Parent/Guardian) understand that my Youth may be involved in adventurous activities as designated under the adventurous activities criteria of Scouts Australia and agree to my child undertaking such activities in line with scouting policies and provisions.

Signed: Date: / /

(Please note that without authorisation, youth members will not be permitted to undertake in ANY Adventurous Activities while on the Annual Theme Camp)

APPLICATION DETAIL CONFIRMATION

I (PARENT/s / GUARDIAN/s) (AND) BELIEVE THAT ALL OF (YOUTH'S NAME) 'S APPLICATION DETAILS ARE TO THE BEST OF MY KNOWLEDGE, TRUE AND CORRECT AS OF THE DATE INDICATED.

SIGNED:

SIGNED:

NAME:

NAME:

DATE SIGNED: / /

DATE SIGNED: / /