



2023 PRETEEN CAMP

REGISTRATION

Please complete the three forms for each camper (registration, health and waiver forms) and give to your Preteen Ministry leader/s with your receipt of payment attached. Completed forms and payment are needed by or before 4 December 2022.

PRETEEN CAMPER

NAME OF CAMPER: _____

GENDER: Male Female (Circle One)

DATE OF BIRTH: _____

YEAR OF SCHOOL IN 2023: _____

T-SHIRT SIZE: XS S M L XL (Circle One)

PARENT/GUARDIAN DETAILS

PARENT/GUARDIAN: _____

CONTACT NUMBER: _____

EMAIL: _____

SPONSOR CHURCH: _____

PAYMENT

Cost for the camp will **\$250 for Campers and for Parent/Guardians**

Please transfer the total cost of those you are registering into the following bank account:

Name: **Gold Coast Church Events**

BSB: **034-660**

Account Number: **390 388**

Description: **PC18 [Surname]**

WESTPAC BANK OF AUSTRALIA

WHAT TO BRING

- Clothing for the duration of the camp
- Bedding, including sheets and pillow case
- Bible and Notebook
- Sunscreen
- Mosquito Repellent (Strong)
- Running Shoes
- Drink Bottle
- Sun hat and sunglasses
- Swimmers and/or beachwear (Modest)
- Towels (2x including one beach towel)
- Torch
- Toiletries – deodorant, soap and shampoo



HEALTH WAIVER

CAMPER: _____

PARENT/GUARDIAN CONTACT: _____

EMERGENCY CONTACT: _____

RELATIONSHIP: _____

HEALTH HISTORY

The following information must be completed by a parent or guardian

Allergies: Please list all known allergies and describe how the reaction is managed

- attached addition document if required

		ALLERGY	MANAGEMENT
Medication Allergies	Yes / No (Circle)		
Food Allergies	Yes / No (Circle)		
Other Allergies (Insect bites, hay fever, asthma, animals, etc.)			
Special Dietary requirements			

Please list current Medications – **Please give all medication to the nurse during check-in upon arrival at camp.**

Please list ALL medications (including over the counter or non-prescription drugs) taken routinely.

Be sure that the camper brings enough medication to last the entire time at camp in the original package / bottle that identifies the prescribing physician, name of drug, dosage and frequency.

Medication #1	Dosage	Times Taken	Reason for Taking
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Are there any medications taken during the school year the camper may or may not take during the summer?
If yes, please identify: _____



ACTIVITY RESTRICTIONS

Circle Yes or No for camper.

Had any recent injury, illness or infectious disease? Y N	Have/Had Mononucleosis? Y N
Ever been hospitalized? Y N	Have any skin problems? (Itching, rash, etc.) Y N
Have a chronic or reoccurring illness/condition? Y N	Problems with sleepwalking? Y N
Ever had surgery? Y N	Had problems with constipation/ diarrhoea? Y N
Ever been knocked unconscious? Y N	History of bed wetting? Y N
Ever had a head injury? Y N	If female, have abnormal menstrual history? Y N
Wear glasses, contacts or other eyewear? Y N	History of motion sickness? Y N
Ever had seizures? Y N	Have frequent headaches? Y N
Ever been dizzy or passed out after exercise? Y N	Have/Had eating disorder? Y N
Have diabetes? Y N	Prone to frequent ear infections? Y N
Ever had problems with joints? (Knee, ankle, etc.) Y N	Ever had emotional disorders? Y N
Please explain any "yes" answers:	



LEGAL WAIVER

CONDITIONS OF ENROLLMENT WAIVER FORM

I, _____, as parent/ legal guardian of (the "Camper"), _____ give permission for the Camper to attend and to participate in all activities of the South Pacific Australia (SPA) Preteen Camp 2023 located in Tallebudgera Sports and Recreation Centre in Palm Beach, Queensland and sponsored by the Gold Coast Church of Christ. SPA Preteen Camp activities may include, but are not limited to, swimming activities, athletics, and transportation by personal vehicle or by public bus transportation to and from the campsite.

As evidenced by my signature below, I hereby waive any and all claims that I or my heirs or assigns might have against the Gold Coast Church of Christ or any of their subsidiaries, or any other sponsoring churches, their directors, officers, church and teen ministry leaders, members or other persons or entities who lead or direct the SPA Preteen Camp arising from or in connection with the Camper's participation in SPA Preteen Camp Activities. Further, I hereby release from liability the persons and entities mentioned above for any and all injuries or illnesses that are incurred by the Camper arising from or in connection with the Camper's participation in SPA Preteen Camp Activities. I understand that the Camper's participation in SPA Preteen Camp Activities may involve inherent dangers that could result in injury, illness or even loss of life to the Camper and have considered such risks prior to executing this waiver and release.

- I agree to pay the registration fee on or before January 2023. I understand that my child may not be allowed to attend camp unless registration fee is paid in full by the deadline.
- I understand the Director reserves the right to dismiss any camper whose behaviour/ attitude is detrimental to the welfare of the camp or whose conduct is not in accord with the standards of the SPA Preteen Camp.
- I understand that in the event of dismissal or withdrawal on account of homesickness, misconduct or any other cause except for medical emergencies that no refund will be given. I understand that I will be responsible for the transport of my child in the event of dismissal or withdrawal. No special bus transportation or other transportation will be arranged on behalf of my child in this event.
- I authorize the use of my child's photo in any camp promotions (website, brochure, etc.).

As evidenced by my signature below, I acknowledge that I have read, understand and agree to the terms of the waiver and release and the other conditions of SPA Preteen Camp participation that are described herein. I have been advised of the potential dangers of the Camper participating in engaging in SPA Preteen Camp Activities and I am aware of the legal consequences of signing the waiver and release.

Parent/ Legal Guardian's signature: _____ Date: _____

Should it be necessary for the above-named participant to receive emergency medical attention or treatment while participating in SPA Preteen Camp activities, I hereby give permission for the person(s) leading or directing the camp activities (the "Camp Directors"), to administer emergency medical treatment (i.e., first aid, CPR, etc.) to the Camper or secure the services of an ambulance, hospital, physician or other medical professional to treat the Camper as the Camp Directors deem appropriate and necessary. I also acknowledge that the SPA Preteen Camp Directors are not responsible for the self-administration of medication or medical treatment by the Camper. I understand that the SPA Preteen Camp, Gold Coast Church of Christ, and Camp Directors have no health insurance to cover medical or hospital costs incurred by the Camper; therefore, financial responsibility for any medical or hospital costs shall be the sole responsibility of the Parent/ Legal Guardian.

Parent/ Legal Guardian's signature: _____ Date: _____