Application Form
2018 Summer Camping Program

camp icthus

I WISH TO ENROL FOR (Please tick one):

☐ Senior Camp (15-17 year olds)
Wed. 3rd – Fri. 12th January 2018

☐ Junior Camp (12-14 year olds)
Mon. 15th – Wed. 24th January 2018

APPLICANT'S DETAILS

FULL NAME:	
PREFERS TO BE CALLED:	DATE OF BIRTH ____/____/____
GENDER: ☐MALE ☐FEMALE ☐PREFER TO SELF-DESCRIBE	AGE AT 1/1/2017:
ADDRESS:	
PARENT/GUARDIAN'S PHONE NUMBERS: H: W: M:	
APPLICANT'S MOBILE NUMBER: ☐ Tick if bringing this phone to camp	
PARENT/GUARDIAN'S EMAIL ADDRESS: Please indicate if you are happy to receive **confirmation** of your booking by **email only:** ☐ YES ☐ NO	
APPLICANT'S EMAIL ADDRESS:	
SCHOOL LEVEL IN 2017: NAME OF SCHOOL:	
IF NOT AT SCHOOL PLEASE DETAIL MAIN ACTIVITIES:	
SWIMMING ABILITY (Please tick) ☐ Non swimmer ☐ Less than 100m ☐ More than 100m	
OUTDOOR EXPERIENCE Please indicate briefly any experience you have had sailing, hiking or canoeing:	
IF NEW TO CAMP, HOW DID YOU FIND OUT ABOUT CAMP ICTHUS?	
TRANSPORT TO CAMP We arrange chaperoned group train travel from Melbourne at a fare of $40 (GST incl.) return. We will book and pay for all tickets in one transaction. As we need to confirm tickets in advance, late applicants may need to arrange their own V/Line tickets – you will be advised when booking if this applies to you.	
WILL YOU TRAVEL TO CAMP BY TRAIN (Please tick one): ☐ YES ☐ NO If travelling by train please include an additional $40 for your train fare. We provide chaperoned group travel from Melbourne to Bairnsdale and will pay V/Line in bulk. If you have a VALID YEARLY STUDENT myki that entitles you to free V/Line transport, you do not need to pay this fee.	
I HAVE A **VALID YEARLY STUDENT** MYKI, WHICH I WILL BRING WITH ME (please tick one) ☐ YES ☐ NO	
I WILL BE CATCHING THE TRAIN (DEPARTING) FROM (please tick one): ☐ Southern Cross ☐ Caulfield ☐ Dandenong ☐ Pakenham ☐ Other (specify)	
I WILL RETURN BY TRAIN, AND GET OFF AT (Please tick one): ☐ Southern Cross ☐ Caulfield ☐ Dandenong ☐ Pakenham ☐ Other (specify)	

MEDICAL INFORMATION

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APPLICANT'S MEDICARE NUMBER:
EXP DATE: INDIVIDUAL REF N°:

IS THE APPLICANT ACTIVELY IMMUNISED AGAINST TETANUS? ☐ YES ☐ NO ☐ UNSURE
DATE OF LAST INJECTION: ____/_____/_____

PLEASE INDICATE ANY MEDICAL CONDITIONS THE APPLICANT MAY HAVE AND GIVE DETAILS IN THE SPACE PROVIDED:

☐ Asthma
(Please provide a current asthma management plan)

☐ Allergies (provide details below)
(Please provide an anaphylaxis action plan if required)

☐ Diabetes

☐ Epilepsy

☐ Hay-fever

☐ Headaches

☐ Travel sickness

☐ Behavioural issues (provide details below)

☐ Mental Health issues

☐ Other:

Details:

IS THE APPLICANT TAKING ANY MEDICATION? ☐ No ☐ Yes (Please specify)

Medication: Dosage:

Other information:

DIETARY REQUIREMENTS
☐ None ☐ Vegetarian ☐ Vegan ☐ Halal
☐ Other (please specify)

IS THERE ANY OTHER INFORMATION OUR LEADERS NEED TO KNOW ABOUT THE APPLICANT TO ENSURE THEIR SAFETY AND HAPPINESS DURING CAMP?

MEDICATION	**OKAY TO ADMINISTER?**	**KNOWN ALLERGY?**
Ibuprofen (e.g. Nurofen)	☐ Yes ☐ No	☐ Yes ☐ No
Paracetamol (e.g. Panadol, Panamax, Herron)	☐ Yes ☐ No	☐ Yes ☐ No
Aspirin (e.g. Disprin, Aspro Clear)	☐ Yes ☐ No	☐ Yes ☐ No
Antihistamine (e.g. Telfast, Claratyne)	☐ Yes ☐ No	☐ Yes ☐ No
Antacid/Anti-nausea (e.g. Dexsal, Mylanta, Seltzer-Saline)	☐ Yes ☐ No	☐ Yes ☐ No
Other (please specify)	☐ Yes ☐ No	☐ Yes ☐ No

PHOTOGRAPHS:
Group and activity photographs may be taken during the camping program and used for promotional purposes; no personally identifying information will ever accompany these images.
☐ Please tick here if the applicant CANNOT appear in promotional photographs for any reason

DECLARATION BY PARENT/GUARDIAN OF APPLICANT

I, the undersigned, am the parent or guardian of the applicant named overleaf and, having checked the accuracy of all information provided, approve of this application. In doing so I agree that Camp Icthus Inc., its officers and servants, shall be free of all responsibility whatsoever with respect to any accident or illness during the applicant's participation in any camp activities, including bushwalking, canoeing, sailing, swimming and overnight camping.
I understand that throughout the summer camping program minor injuries or ailments such as headaches, nausea, strains, sprains and scratches can occur. I have indicated below any allergies the applicant has to medications that can be purchased in a supermarket, and have also indicated whether leaders have permission to administer these products according to recommended dosage rates. I understand that where these remedies are deemed unsuitable in treating the condition, camp leaders will either make contact with me or seek professional medical or pharmacist assistance. I give permission for any necessary medical attention for the applicant to be obtained and agree to meet any medical expenses incurred.

I declare that the applicant has been in good health and agree to advise the Camp Icthus Inc. immediately in the event of the applicant contracting an ailment that could be detrimental to the health of other participants.
I further declare that I have advised Camp Icthus Inc. of any behavioural issues that could affect either the applicant's participation in the program, or impact on other participants in the program.
I understand and agree that should Camp Icthus Inc. deem it necessary, for any reason, to return the applicant home at any time during the program, I will accept this and make any necessary arrangements.

Signed: Date: ____ /____ /____

Full name (Block letters):

Relationship to applicant:

Parent/Guardian's address **during camp**
Parent/Guardian's phone number **during camp** (both business and after hours)
EMERGENCY CONTACT DETAILS: In the event of an emergency, we will first attempt to contact the Parent/Guardian above. However, please nominate an additional person over 18 years who we can contact if they are unavailable.
Name
Address
Phone number
Relationship to applicant

PAYMENT
If you wish to pay by way of electronic funds transfer (internet banking), bank deposit details are:
Account name: Camp Icthus **BSB**: 033-052 **Account number**: 513-757

Please include camper's family name in your payment description and advise us of your deposit by email to campicthus@gmail.com to ensure we can identify your payment.

or
I enclose my cheque/money order for $_____ (please insert amount paid) payable to Camp Icthus Inc.

Please complete ALL SECTIONS of this application form including signed Declaration by Parent/Guardian and send (with cheque/money order if applicable) to:
Patrik Klages, Summer Camps Coordinator, 1/68 Glenola Rd, CHELSEA VIC 3196

2018 SUMMER CAMPING PROGRAM

Please retain this page for your information

SENIOR CAMP: Wednesday 3 January – Friday 12 January 2018; ages 15-17 years
JUNIOR CAMP: Monday 15 January – Wednesday 24 January 2018; ages 12-14 years

COST

The cost of each camp is $470 (excluding train fare). No GST is payable on the cost of the camp program.

Applications and full payment of camp fees are due by Friday 1 December 2017.

Bring a friend discount – Camp Icthus is a small organisation that relies on word of mouth recommendations from people who have experienced our programs. This year we are offering a $30 discount on an applicant's camp fees if they bring a friend to camp who has not previously attended camp.

Family discount – For two or more children from the same immediate family we offer a discounted fee. The discount is $30 each for two children and $30 each for three or more children.

Payment by instalment – if you wish to discuss an alternative payment arrangement please contact Patrik Klages on 0490 503 454.

Subsidised fees – may be granted to those who genuinely find the full fee beyond their means. Limited funds are available for this purpose and the application should be completed in the normal manner. However, the applicant must include a written statement detailing reasons for requesting assistance. All requests will be treated in the strictest confidence.

MOBILE PHONES & ELECTRONIC EQUIPMENT

The best Camp Icthus experience occurs when participants immerse themselves fully in all activities and leave the 'real' world at home. Camp Icthus is also on a bush site and we undertake many activities that involve water, sand and unpredictable environments. For these reasons we do not allow electronic games, music players, mobile phones or other devices.

We recommend that campers do not bring mobile phones to camp. However, we understand that campers may need to arrange transport to/from the train and may wish to contact home at some stage during camp. Any mobile phone brought to camp **MUST** be handed in to camp leaders upon arrival. Mobile phones may be made available at suitable times to contact family (if required) and will be returned when leaving camp. If you wish to contact your loved one during our programs, the Camp Icthus phone number is 0491 129 254, and we are happy for you to call this number at any time.

Please advise us if your camper will be bringing a mobile phone to camp so we can ensure it is safely looked after by leaders and make any arrangements for calls home.

APPLICATIONS AND PAYMENT

Applicants will be advised of the outcome of their application by email or post, with details of train times and what to bring to camp. Any payment will be returned if your application is unsuccessful. If you withdraw after 1 December 2017, a partial refund may be issued, dependent on expenses already incurred by Camp Icthus Inc. If you withdraw less than 7 days from camp, no refund will be issued. ***Late applications will be considered if spaces are available.***

REQUESTS FOR FURTHER INFORMATION

Please contact our Summer Camps Coordinator, Patrik Klages, for more information.
Phone: 0490 503 454
Email: campicthus@gmail.com
Postal address: 1/68 Glenola Rd, CHELSEA VIC 3196