

CAMP SURVIVOR REGISTRATION FORM (5 - 9 April 2010)

Name: _____

First Last

Age: ____ DOB ____/____/____ Boy/Girl Ethnicity _____

Address: _____

Postcode: _____

Phone: _____

Home Other

School: _____

Please put me in a cabin with: _____

Emergency contact details during Camp:

Name Phone Relationship to Child

(1) _____

(2) _____

People authorised to collect your child (if different from above):

Name Phone Relationship to Child

(1) _____

(2) _____

(Please advise us of any custodial issues we should be aware of).

Health / Medication / Diet / Behaviour / Cultural / Special Needs:

Please advise us below of any special health, emotional, behavioural, cultural or physical needs that your child may have. Including details such as special diet, allergies, epilepsy, sleepwalking, bedwetting etc...

Can your child swim? No Yes -Moderately Yes- Well (circle one)

Will your child be taking any medication while at camp? Yes No

If yes - give details below or attach a separate sheet if you need more room.

Ailment	Medication Name	Dosage	Day/time to be taken

Doctor's Name _____ Doctor's Phone No. _____

Doctors Address: _____

Authority to give panadol if needed? Yes No

FEES: \$215 (early bird price if registered before 26/3/10)

\$235 (after 26/3/10)

Please pay a minimum of \$25 (non-refundable deposit) with your registration.

CAMP SURVIVOR T- SHIRTS: Once again we are pleased to offer a themed Camp Survivor T-shirt for sale for \$25.00 each. Please indicate the size you require. Pre-ordered t-shirts will be supplied on the last night of camp. Please pay for your t-shirt with your registration.

Size 8yrs 10yrs 12 yrs 14yrs 16yrs (circle one)

DONATIONS: The real cost to attend camp is over \$350 per child. The difference between this cost and your registration fee is made up through sponsorships and donations from people like you. Please consider adding a donation to your payment to help us get as many kids to camp as possible. Thank you.

CANTEEN: A small canteen is open once a day for children to buy sweets or snacks if they wish. Canteen money is collected prior to camp and any unused money is returned to you at the end. (No more than \$5 per day please).

PAYMENT:

Amount I am paying now:	Amount I will pay on 1st day of camp:
Fees \$ _____	Balance of fees \$ _____
Canteen \$ _____	Canteen \$ _____
T shirt \$ _____	T Shirt \$ _____
Donation \$ _____	Donation \$ _____
TOTAL \$ _____	TOTAL \$ _____

Cheques should be made payable to 'LifeSwitch'.

To pay by direct bank deposit please credit the LifeSwitch Bank Account (06-0545-0014111-26). Enter 'CAMP' and your CHILD'S SURNAME as the references and advise us of the amount and date paid below. Thank you.

Amount paid _____ Date paid _____

Consent of parent/guardian:

I agree and acknowledge the following:

*The Camp Staff have my permission to arrange any necessary urgent medical treatment at my cost. *I will notify LifeSwitch of any changes to registration information immediately. *I am happy for my child to appear in videos or photos of camp activities that might be used for promotional purposes. *I consent to my child being transported to offsite activities.

Name of parent/guardian: _____

Signature: _____ Date: _____

Parent's email for confirmation: _____

Please post your registration and payment to:

**Camp Survivor
 3 Reynolds Bach Drive
 Lower Hutt 5019**

For further details please visit www.campsurvivor.co.nz or phone 562-9071.