



## Camp ROK 2017 - REGISTRATION FORM

### 10<sup>TH</sup> – 16<sup>TH</sup> December 2017 at Lutanda, Toukley, NSW

**PERSONAL DETAILS - PLEASE PRINT CLEARLY**

**Please select any category that applies:**

I want to register my child/ren/wards for Camp ROK 2017. ***Proceed to Page 2.***

My name is \_\_\_\_\_ and I want to volunteer as a **parent helper** (subject to Committee approval). I have attended camp previously: Yes / No  
I attend church at: \_\_\_\_\_  
I hold a current Working with Children Check clearance: No / Yes – WWC \_\_\_\_\_  
I hold a current First Aid Certificate: No / Yes  
If I am selected and have answered 'No' to one or both questions above, I am prepared to apply for a Working with Children check and/or complete a First Aid Certificate: Yes / No  
⇒ Please advise below if you have any medical issues, allergies or dietary requirements that may impact you at camp.

**MEDICARE NUMBER:** \_\_\_\_\_ **EXPIRY DATE:** \_\_\_\_\_ **Number on card:** \_\_\_\_\_  
⇒ Mobile #: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_  
if ***you are registering your child/ren/wards for camp, proceed to Page 2. Otherwise go to Page 6.***

My name is: \_\_\_\_\_ and I want to volunteer as a **camp supervisor** (subject to Committee approval). Date of Birth: \_\_\_\_\_  
I hold a current Working with Children Check clearance: No / Yes – WWC \_\_\_\_\_  
I hold a current First Aid Certificate: No / Yes  
If I am selected and have answered 'No' to one or both questions above, I am prepared to apply for a Working with Children check and/or complete a First Aid Certificate: Yes / No  
⇒ Please advise below if you have any medical issues, allergies or dietary requirements that may impact you at camp.

**MEDICARE NUMBER:** \_\_\_\_\_ **EXPIRY DATE:** \_\_\_\_\_ **Number on card:** \_\_\_\_\_  
⇒ Mobile #: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_  
***Proceed to Page 7.***

**CHILD/REN'S PERSONAL DETAILS - PLEASE PRINT CLEARLY**

Child/ren's Surname: \_\_\_\_\_ Name of Parish: \_\_\_\_\_

Name (Child 1): \_\_\_\_\_ Year at School: \_\_\_\_\_  
Birth Date:    /    /    Age during camp:    Gender:     Male     Female

Name (Child 2): \_\_\_\_\_ Year at School: \_\_\_\_\_  
Birth Date:    /    /    Age during camp:    Gender:     Male     Female

Name (Child 3): \_\_\_\_\_ Year at School: \_\_\_\_\_  
Birth Date:    /    /    Age during camp:    Gender:     Male     Female

Name (Child 4): \_\_\_\_\_ Year at School: \_\_\_\_\_  
Birth Date:    /    /    Age during camp:    Gender:     Male     Female

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

**PARENT/GUARDIAN'S PERSONAL DETAILS - PLEASE PRINT CLEARLY**

**'Mum' and 'Dad' can include any female and male guardians of the child/ren, for e.g. stepmother.**

Mum's name: \_\_\_\_\_ Dad's name: \_\_\_\_\_

Mum's phone #: \_\_\_\_\_ Dad's phone #: \_\_\_\_\_

Mum's mobile #: \_\_\_\_\_ Dad's mobile #: \_\_\_\_\_

Mum's email: \_\_\_\_\_ Dad's email: \_\_\_\_\_

**MEDICAL INFORMATION**

Please outline any of the children's relevant medical conditions, allergies, learning or special needs:

**MEDICAL INFORMATION - CONTINUED**

	Child 1:	Child 2:	Child 3:	Child 4:
Does your child/ward have any special dietary requirements?	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No

Does your child/ward take any regular medications?	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No

If you have answered 'Yes' to any of the above, please provide further information with reference to the child's name. For any medications required during camp, please include: name of medication, dosage and what condition is being treated. ***Please remember to bring these in a labelled, zip-lock bag in their original packages to camp.***

*Please be aware we MAY NOT be able to accept the child's application for camp, if the Committee deems it is unable to cater for the child's special needs or requirements.*

*If the child has any allergies, or medical conditions such as asthma, we will also need an Action Plan with their photo before they can attend.*

MEDICARE NUMBER: \_\_\_\_\_ EXPIRY DATE: \_\_\_\_\_

Child 1's Number on card: \_\_\_\_\_

Child 2's Number on card: \_\_\_\_\_

Child 3's Number on card: \_\_\_\_\_

Child 4's Number on card: \_\_\_\_\_

**IN CASE OF EMERGENCY**

Emergency Contact 1: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Phone Numbers:

1. \_\_\_\_\_ 2. \_\_\_\_\_

**You may add a second emergency contact if you prefer, otherwise can leave this blank.**

Emergency Contact 2: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Phone Numbers:

1. \_\_\_\_\_ 2. \_\_\_\_\_

**IN CASE OF EMERGENCY - CONTINUED**

I give permission to the qualified Senior First Aid officer at camp to administer the following non-schedule medication/s to my child/ren/wards should the need arise:

<b>Paracetamol:</b>	Child 1:	Child 2:	Child 3:	Child 4:
	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No

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<b>Antihistamine:</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No

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**Other (please specify):** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Emergency Medical Assistance:** If my child/ren/wards are involved in an emergency I authorise the Camp ROK supervisors and/or Coordinators to act in the best interests of my children/wards, obtain all necessary medical assistance and to notify me as soon as possible. I also agree to pay for all related fees and expenses (including ambulance and hospital stay).

**Risk Warning:** I understand that the recreational activities organised by Camp ROK and Lutanda staff may include swimming at beach, canoeing, fishing, high ropes course, sports and any other organised activities that may involve some risk of harm. I acknowledge that while Camp ROK supervisors will make every reasonable effort to supervise my children/wards and to minimise exposure to known risks, all hazards and dangers associated with these activities cannot be foreseen and/or may be beyond the control of the supervisors.

**PERMISSION TO TRAVEL DURING CAMP**

I give permission for all of my children/wards to travel to the beach, fishing and any other camp activity venues by minibus or parent vehicles.

Yes       No

**SWIMMING ABILITY**

Child 1 can swim:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	How well:	Weak <input type="checkbox"/>	Average <input type="checkbox"/>	Strong <input type="checkbox"/>
Child 2 can swim:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	How well:	Weak <input type="checkbox"/>	Average <input type="checkbox"/>	Strong <input type="checkbox"/>
Child 3 can swim:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	How well:	Weak <input type="checkbox"/>	Average <input type="checkbox"/>	Strong <input type="checkbox"/>
Child 4 can swim:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	How well:	Weak <input type="checkbox"/>	Average <input type="checkbox"/>	Strong <input type="checkbox"/>

Weak and/or non-swimmers will be required to wear a fluorescent hat to identify them clearly.  
Camp ROK will provide the legionnaires hat.

**PERMISSION TO USE PHOTOGRAPHS AND/OR VIDEO OF CAMPERS**

I give permission for any photographs and videos that are taken at camp that show my children/wards can be used for future Camp ROK promotional material.

Yes       No

**PARENT/GUARDIAN'S DECLARATION**

**Drugs or alcohol WILL NOT be brought to camp. IF ANY BANNED ITEM IS FOUND IN YOUR CHILDREN'S/WARD'S POSSESSION THEY WILL BE SENT HOME IMMEDIATELY! Attendees are to treat ALL people and property with respect. All activities are to be attended AND in a responsible manner. No electronic devices are to be brought including laptops, mobiles, iPads, iPods or CD players.**

On behalf of the attendees, I agree to abide by all Camp ROK regulations, including those provided here and any other verbal and/or written instructions in relation to the camp given by Lutanda Staff, Camp ROK Coordinators and Supervisors. **I also agree to make my child/ren and/or wards aware of these regulations.**

***Parent/Guardian Signature:***

***Date:***

***Proceed to Page 8.***

**PARENT HELPER VOLUNTEERS USE ONLY**

**Parents Helpers** will be assisting with: meal preparation; other kitchen and dining chores; supporting supervisors with night time routines for younger children; camp photography; administrative tasks and first aid; running arts and crafts activities; driving kids to activities and; supervising beach and fishing trips.

**Camp Nurse** will be responsible for: preparation of first aid supplies prior to camp; administering first aid and children’s medications; helping in the kitchen; assisting with activities including beach and fishing trips.

For the roles of Parent Helper and/or nurse, you are asked to contact Lida Shulgin on 0409 448 911 as soon as possible so that you may discuss your suitability. *It is our preferred arrangement that the Parent Helpers and/or camp nurse are able to commit to attending for the duration of the camp.*

**Cost: \$199- DUE: 1st December 2017**

Parent Helpers are asked to pay a reduced rate towards their food and accommodation at Camp ROK 2017. Your help with our fundraising activities through the year, will reduce this amount even more. REFER TO PAGE 8 FOR PAYMENT OPTIONS.

**IN CASE OF EMERGENCY**

Emergency Contact 1: \_\_\_\_\_ Relationship to you: \_\_\_\_\_  
Phone Numbers:  
1. \_\_\_\_\_ 2. \_\_\_\_\_

Emergency Contact 2: \_\_\_\_\_ Relationship to you: \_\_\_\_\_  
Phone Numbers:  
1. \_\_\_\_\_ 2. \_\_\_\_\_

**Emergency Medical Assistance:** If I am involved in an emergency whilst fulfilling my duties as a Parent Helper at Camp ROK, I agree to pay for any related fees and expenses (including ambulance and hospital stay).

**Risk Warning:** I understand that the recreational activities organised by Camp ROK and Lutanda staff may include swimming at beach, canoeing, fishing, high ropes course, sports and any other organised activities that may involve some risk of harm. I acknowledge that while Camp ROK Coordinators will make every reasonable effort to minimise my exposure to known risks, all hazards and dangers associated with these activities cannot be foreseen and/or may be beyond the control of the Coordinators, Supervisors and Lutanda staff.

**Illegal drugs WILL NOT be brought to camp. IF ANY BANNED ITEM IS FOUND IN YOUR POSSESSION, YOU WILL BE ASKED TO LEAVE. You are to treat ALL people and property with respect.**

**Parent/Guardian Signature:**

**Date:**

**Proceed to Page 8.**

**OFFICE USE ONLY**

Payment received: / /2017 Refund required:  No  Yes - Paid: / /2017

**CAMP SUPERVISOR VOLUNTEERS USE ONLY**

Camp Supervisors have the job of being: role models for campers; activities coordinators; coaches and mentors; responsible for helping the kids in (and those outside) their cabin groups to follow the guidelines at camp and maintain their environment in an orderly manner; first aiders; problem solvers and team players.

To check your suitability for the role of Camp Supervisor, you are asked to contact Anya Shatrov on 044 890 8240 as soon as possible so that she may provide you with a Questionnaire to complete. *It is our preferred arrangement that the Camp Supervisors are able to commit to attending for the duration of the camp.*

**Cost: \$99- DUE: 1st December 2017**

Camp Supervisors are asked to pay a heavily subsidised rate towards their food and accommodation at Camp ROK 2017. Your help with our fundraising activities through the year, will reduce this amount even more. REFER TO PAGE 8 FOR PAYMENT OPTIONS.

**IN CASE OF EMERGENCY**

Emergency Contact 1: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Phone Numbers:

1. \_\_\_\_\_ 2. \_\_\_\_\_

Emergency Contact 2: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Phone Numbers:

1. \_\_\_\_\_ 2. \_\_\_\_\_

**Emergency Medical Assistance:** If I am involved in an emergency whilst fulfilling my duties as a Supervisor at Camp ROK, I agree to pay for any related fees and expenses (including ambulance and hospital stay).

**Risk Warning:** I understand that the recreational activities organised by Camp ROK and Lutanda staff may include swimming at beach, canoeing, fishing, high ropes course, sports and any other organised activities that may involve some risk of harm. I acknowledge that while Camp ROK Coordinators and Supervisors will make every reasonable effort to minimise my exposure to known risks, all hazards and dangers associated with these activities cannot be foreseen and/or may be beyond the control of the Coordinators and Lutanda staff.

**Illegal drugs and alcohol WILL NOT be brought to camp. IF ANY BANNED ITEM IS FOUND IN YOUR POSSESSION, YOU WILL BE ASKED TO LEAVE. You are to treat ALL people and property with respect.**

**Signature:**

**Date:**

**Proceed to Page 8.**

**OFFICE USE ONLY**

Payment received: / /2017 Refund required:  No  Yes - Paid: / /2017

**Registration Forms to be sent to:**

Camp ROK

PO Box 34 NAROOMA NSW 2546

**OR**

[info@CampROK.org](mailto:info@CampROK.org) (forms sent by email must include a signature)

PAYMENT OPTIONS		
<u>Direct Deposit into our Commonwealth Bank Account</u>	Account Name: <b>Russian Orthodox Church Kids Camp</b> BSB: 062-445 A/C: 1086 2592 Reference: your full name	Please email a remittance slip with your registration form.
<u>Cheques</u>	Please make out to “ <b>Russian Orthodox Church Kids Camp</b> ”	Send in post with registration form.
<u>Cash</u>	To be paid in full by 1st Dec.	Send registration form only *

\*If you prefer to pay by cash you will need to contact Catherine Iliuk on 046 640 7219 to arrange payment before due dates.

I wish to pay Camp ROK:

**DEPOSIT of \$50- per attendee** by:  Direct deposit  Cheque  Cash  
**DEPOSIT TO BE PAID BY 18th AUGUST 2017**

**FULL PAYMENT of \$399- per attendee OR \$371- /attendee IF PAID IN FULL BY 30th SEPT. 2017**  
by:  Direct deposit  Cheque  Cash

**INSTALMENT PAYMENTS – Please advise Anya Shatrov on 044 890 8240 or Catherine Iliuk on 046 640 7219 if you want to arrange instalment payments into our Commonwealth Bank account.**

**Registrations and payments will not be accepted after 1st December 2017 due to venue deadlines. Any money paid for camp is non-refundable after 1st November 2017. If you choose to withdraw your child/ren from camp, you must find someone else to take their place/s, in order to receive a refund.**

**OFFICE USE ONLY**

Registration form completed?  Yes  No Comments:

Fluorescent swimming cap needed?  Yes - Child: 1 2 3 4  No - Child: 1 2 3 4

Payment plan arrangement: \$\_\_\_\_\_ / \_\_\_\_\_ months and final payment of \$\_\_\_\_\_.

Deposit received on: / /2017 Full payment received on: / /2017

Application processed by: Signature: Date:

Revised: 09/2017