

National Kidney Kids Camp

Camper Application Form

Please tick if your child has previously attended a National Kidney Kids Camp

Personal Details

Surname: _____ First Name: _____

Address: _____

Suburb: _____ State: _____ Postcode: _____

Phone: Day () _____ Night () _____

Age(at Camp): ____ DOB: _____ Height (cm): _____

Email: _____

Male Female 'Kidney Kid' Sibling

Please outline any specific **custody arrangements** that may be associated with the care of your child:

Are there any **religious or cultural customs** which need to be considered when preparing the Camp program and menu?

Please outline: _____

Complimentary T-Shirt (please circle your child's size)

Youth Size: 8 10 12 14 16

Adult Size: Small Medium Large Extra Large

Photographs: For administrative purposes, we ask you to attach 1 **'head and shoulders'** photograph to your child's application and write your child's name on the reverse side of the photograph.

Medical Information

Medicare Number: _____

Which hospital do you attend? _____

My child's last tetanus immunisation was in (year): _____

Does your child have any allergies or diet restrictions? **Y / N**

If **YES**, please specify and outline special care instructions: _____

Please indicate if your child suffers from **ANY** of the following:

Dizzy Spells Travel Sickness Migraine Asthma
Diabetes Transplant Fits of any kind Blackouts
Epilepsy Kidney Failure

If your child is on dialysis please indicate their modality:

Haemodialysis Peritoneal Dialysis

Is your child currently taking any table(s) and/or medication(s)? **Y / N**

Do you give your child permission to self-administer this medication during National Kidney Kids Camp? **Y / N**

Medications 'Kidney Kids' only:

A more comprehensive medical application form including current medications chart must be completed for the purpose of camp by your child's doctor. This form is included in the application pack and is to be completed by your child's doctor and be returned with your application by 8th, December 2017.

In Case Of Emergency (please provide next of kin and an alternate's contact details)

Next Of Kin

Surname: _____ First Name: _____

Phone: Day() _____ Night() _____

Mobile: _____ Relationship To Applicant: _____

Alternate Contact Person

Surname: _____ First Name: _____

Phone: Day() _____ Night() _____

Mobile: _____ Relationship To Applicant: _____

Credit Card Details

Camp is free of charge. Credit card details are required to guarantee your place at camp. No charge will be placed on your card except in the case of a late cancellation or non-attendance at camp. For more information on the camp cancellation policy see page 3 of this application or call Kidney Health Australia on 1800 454 363.

Card Number: ____/____/____/____ Expiry Date: __/ __

Cardholder's Name: _____

Kids Activities Database Consent

Would you like to be kept informed about future kids activities & programs run by Kidney Health Australia. **Y / N**

National Kidney Kids Camp

Parental Consent Form

General

I authorise my child to attend the National Kidney Kids Camp to be held at Sports Super Centre at Runaway Bay, Queensland from 19th – 22nd April 2018 under the supervision of Kidney Health Australia staff and volunteers. I agree that any damage caused by my child to property during the Camp shall be my responsibility and agree to reimburse Sports Super Centre in full.

Medical Emergency

I authorise staff and volunteers at the National Kidney Kids Camp to obtain medical assistance and treatment, including blood transfusion and anaesthetic, in an event of an accident. I agree to pay all medical and related expenses, including ambulance costs, incurred on my behalf.

Photo & Video

I hereby consent to photographs and video coverage being taken of my child on the National Kidney Kids Camp for the discretionary use of Kidney Health Australia. I agree that Kidney Health Australia and / or their approved sponsors, partners and other agencies may use this material (or any copies of it) for publication / advertising now or in the future. This consent is based on the understanding that Kidney Health Australia before giving approval to partners / approved sponsors / agencies requires all of the potential users to provide written details and examples as proof of how the image will be used, who the audience is and any accompanying text / copy.

If the material is used for Kidney Health Australia fundraising purposes, I realise that all monies go to Kidney Health Australia, not specifically to myself and / or my child / the child of whom I act as guardian and I further acknowledge that I have no:

- claim to royalties with respect to; or
- intellectual property rights in any material contemplated by this section.

I understand that there is a possibility that the footage or photographs taken may not be used.

Transport

We will need to transport your child to and from the airport upon their arrival on the Gold Coast and to offsite venues for the purpose of participating in coordinated activities. For this purpose it is envisaged that children will be transported using hired coaches and vans. On all occasions that involve the transport of campers:

- The drivers will be appropriately licensed for the vehicle being used.
- The vehicle will be registered as required by law and covered by third party property insurance.
- The vehicle will only carry passengers to the limit licensed. In the case of private cars, a seat belt must be installed for every person carried.
- No leader or other adult supervisor is to consume or be affected by alcohol while in charge of or transporting children under the age of 18 years.
- Drivers of vehicles used to transport children must not consume alcohol in the 24-hour period before driving.

Activities

Your child's safety is of paramount concern to us. Our aim is to ensure that your child's Camp experience is a safe and happy event. Whilst on Camp your child may be invited to participate in fully supervised, instructor led 'activities' which may include: court sports, rope courses, swimming, water safety, pool games, indoor games, flying fox, challenge courses, bridge building, giant swing, bouldering or laser skirmish.

Movie Consent

During the Camp there is a reasonable possibility that your child will participate in an activity that involves the screening of a video. All on site movie material will either be rated G or PG if child is under 15 yrs but may be M rated if child is over 15 years.

'Unwell Child' Policy

In case of an emergency, you the parent/guardian may be asked to collect your child from Camp and/or hospital and act as their escort on returning home. Depending on your family's state of origin this may or may not include interstate air travel.

The additional cost of such travel, over and above the pre-arranged travel organised by Kidney Health Australia, will be the responsibility of the individual family. Parents should ensure that they have ambulance and medical coverage to appropriately cover their child in the event of such a situation.

I/we have read and understand the policy of 'Unwell Child'. I/we agree to resume full responsibility of my/our child should he/she become unwell on Camp and require further treatment ordered by the Camp Doctor which is not available at Camp.

Indemnity & Acknowledgement

I am/we are the parent/s/guardian/s of the child applying for attendance at the National Kidney Kids Camp ("Camp").

I/we acknowledge that there is a degree of physical risk in some of the recreational activities conducted at the Camp and consent to my/our child taking part in the manner set out above under "Activities Consent".

I/we acknowledge that the public liability insurance held by Kidney Health Australia does not extend to cover Kidney Health Australia for the provision of medical treatment. I/we acknowledge that the medical information we have provided is current, accurate and complete as at the date of signing this form. In consideration for my/our child being permitted to take part in the Camp, I/we agree to indemnify and keep indemnified Kidney Health Australia in respect to any liability which arises as a result of any medical treatment given to my/our child at the Camp.

I/we have read and agree to the terms and conditions outlined in this document:

Child's Name:

Parent/Guardian's Name:

Parent/Guardians Signature:

Date:

Post your application pack to:

**National Kidney Kids Camp
Kidney Health Australia
302/10 Help Street
Chatswood NSW 2067**