

# Camp application Form

Please complete both sides of this form and return to:

Araluen Lutheran Camp  
24 McDougall St. Anglesea 3230

## Camp Details

I would like to attend

**Summer - Family Camp 2019**

This camp begins on the date of

Wed. 02nd Jan.

from 1:00pm

## Main Contact Details

☐ Male ☐ Female

Name

DOB:

(Please use preferred first name)

Address

Age

Town/Sub

State

Postcode

Phone: Hm

Mob

Email

## Names of family/group members (please write ages for each child)

1	_____	age	_____
2	_____	age	_____
3	_____	age	_____
4	_____	age	_____

5	_____	age	_____
6	_____	age	_____
7	_____	age	_____
8	_____	age	_____

YOU MUST CONFIRM THE AVAILABILITY OF YOUR REQUIRED DATES PRIOR TO PAYMENT.

**Please insert dates (from - to) you wish to request** (arrive after 1pm & leave before 10am)

To

To

To

Exclusive use of a room is not assured, but we will attempt to provide this.

Which room type would you prefer to be in ? ☐ Private Ensuite ☐ Shared Ensuite

## Medical History

\*(Only required for those people whose medical information is unknown to other campers at any time)

Allergies/Disabilities/Special conditions

☐ No

☐ Yes (Please specify)

Medication you will be taking on camp

Dietary requirements

N/A

Medicare number

N/A

Expiry date

N/A

Ambulance subscriber

☐ Yes

☐ No

(Providing medical clinic info is not mandatory)

Family doctor/medical clinic

Ph.

## Emergency Contact Details\*\*

\*\* (Only required for those people whose next of kin is not on camp)

Name

Relationship to camper

Phone: Hm

Wk

Mob

## Church Fellowship

Are you currently attending a church?

☐ Yes, regularly ☐ Yes, occasionally ☐ No

Name of the church you attend most often

## Payment Details

(All fees inclusive of GST. Our ABN: 39 280 860 847)

**DAILY RATE - For anyone 10 yrs old & over \$29 per day.** \$

**\$30 CLEANING FEES**

\$

**Under 10 yrs. \$13 per person per night**

\$

(Min. \$220 for Accom. per dorm. avoids cleaning fee)

**Total \$**

## Payment options

☐ I am paying by cheque / money order. (cheque payable to 'Araluen Lutheran Camp')

☐ I authorise Araluen Lutheran Camp to deduct the above fees from my credit card

CARD NUMBER

EXPIRY DATE (MMYY)

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Name on card

Signed

☐ I have paid electronically into the Commonwealth Bank Account

Description

'Araluen Lutheran Camp' BSB: 06 3863 Acc No. 1000 8010

**Please note: Your place on camp is not confirmed until we receive FULL payment**

## Consent and Signatures

I understand that all reasonable care will be taken by the ALC, its coordinator(s) and leaders and I accept full responsibility for any injury or illness in the case of accident or other untoward incident. I give the event coordinator and other leaders authority to take any action deemed necessary for my welfare, including seeking medical attention on my behalf and calling for an ambulance. I recognise that I will bear the cost of any such treatment. I also agree to conduct myself in a Christian manner and understand that my involvement is conditional upon complying with such rules as set out by the ALC and event coordinator. I acknowledge that I will be responsible for any breakages that I may cause.

**ALC PRIVACY POLICY STATEMENT:** 1) ALC collects personal information about you, including sensitive information so that you may attend the event. Some of this information is to satisfy our legal obligations and to properly discharge our duty of care. 2) Information of a sensitive nature is only held by the event coordinators or their nominees. 3) ALC may include your contact details in a participant listing provided to leaders and other event participants. 4) ALC may, from time to time, use the information we have collected to contact you about future events, activities, or other promotions of ALC. 5) You may contact the ALC to view, update or change your information at any time. **6) If you do not wish your contact details to be included in participant listings tick the following box [ ]** 7) **If you do not wish to receive mailings, as outlined in point 4 above, tick the following box [ ]** 8) **If you do not wish to have photos in which you are pictured at ALC events published in reports or promotions of the ALC tick the following box [ ]**

9) We will not disclose your personal information to 3rd parties for their own marketing purposes without your consent. **10) If a registration is cancelled within four weeks of the beginning of camp, 50% of your full fee per person is withheld and the remaining payment returned to the payee.**

Camper signature

Date

**MAIN CONTACT:** I acknowledge that all adults and children in my group understand the terms above.