



Application and Personal History Form

Friday 7th - Sunday 9th May 2010
Camp Manyung, Mt Eliza

INSTRUCTIONS:

Applicants/Parents/Guardians:

Camp Awakenings starts at 10am on Friday 7th May and ends at 1.30pm on Sunday 9th May. Transport to and from Camp Awakenings is the responsibility of the Participant's parents/guardians. This form must be completed by the applicant and parent/guardian. All details must be completed and endorsed by the parent/guardian for this application to be considered.

Rotary Clubs/Applicants:

Completed forms must be received by **Friday 26th February, 2010** to ensure a Camp Awakenings confirmation letter reaches all participants at least one week prior to the Camp. **ALL** applications need to be sent to:
 Camp Awakenings - 2010 Application, PO Box 372, Flinders Lane, Melbourne, Vic, 8009

Rotary Clubs/Sponsors:

Payment can be made by sending a cheque with the completed application. Payment to 'Rotary Club of Aspendale'. \$190 per applicant

APPLICANT DETAILS:

Surname:	Given names:
Date of birth:	Male / Female (please circle one)
Address:	
Telephone no: (Home):	(Mobile):
Email address:	
School:	
Sponsoring Rotary Club (If known):	

IN EMERGENCY CONTACT:

Name:	Relationship:
Address:	
Telephone no: (AH):	(BH):

HEALTH PROBLEMS OR SPECIAL DIET (eg vegetarian etc):

Special dietary requirements:	Yes/No -details:
Are you taking any prescribed medicine?	Yes/No -details:



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HOBBIES / SPORTS / INTERESTS:

CODE OF CONDUCT:

The following is the Basic Code of Conduct for Camp Awakenings during the camp. Please read it carefully and sign the application form along with parent or guardian signature.

1. Alcohol, cigarettes and drugs are not permitted.
2. Student may not leave the campsite without the consent and knowledge of the Camp Leader.
3. All students must attend all sessions and meals.
4. Mobile phones are not permitted and a pay phone is available if required.
5. School behavioural rules apply at Camp Awakenings.

I acknowledge the above terms and agree to abide by them.

Name (please print):

Signature:

PARENT GUARDIAN CONSENT:

I have completed a Medical Details Form and I authorise the Camp Organisers to arrange medical treatment and/or ambulance transport for the above named participant, if this is necessary.

I give permission for the above named person to attend Camp Awakenings under the terms outlined above.

Parent/Guardian:

Date:

GOT A QUESTION?

Any application/program queries to Mickey Weiser on 0405 517 786 or Sandi Tighello on 0417 164 591
Any Rotary/funding queries to Simon Mildren on 0417 543 311 or mildren@live.com.au



Medical Details Form

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Surname:	Given Names:
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MEDICAL DETAILS:	
Doctor's name	
Doctor's address:	
Telephone No: (BH):	(Mobile):
Private Medical Benefit Fund:	Membership No:
Ambulance Member Yes / No (please circle one)	

ILLNESS/CONDITIONS:	Please circle if the participant suffers any of the following:
Visual Impairment	Hearing Impairment
Heart Condition	Dizzy Spells/ Blackouts
Hay Fever	Epilepsy
Diabetes	Migraine
	Enuresis
	Sleep Walking
	Travel Sickness
	Asthma
Other Conditions:	

ALLERGIES:	Please circle if the participant suffers any of the following:
Penicillin	Codeine
Stings/Bites	Band aids
	Aspirin
	Nuts
	Sulphur
	Eggs
Other food / drug?	
What special care is recommended?	
The participant may require medication for:	

IMMUNISATION:	Please circle if the participant has been immunised for the following:
German Measles	Measles
Hepatitis A	Hepatitis B
	Mumps
	Diphtheria
	Polio
	Typhoid

In the event of the participant requiring urgent medical or surgical treatment, or where it is impractical to obtain my consent I authorise those in charge of the camp to consent to such treatment and make all the necessary arrangements. I accept the cost involved in so doing, including transportation and / or adequate supervision, is my full responsibility.	
Signature:	Date:
Name (please print):	

Please attach this to the Application and Personal History Form