**Application Form** **- 2023 Summer Camping Program**

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| **I WISH TO ENROL FOR (Please tick one):**   |  |  | | --- | --- | | Senior Camp (15-17 years old)  Tuesday 3rd – Thursday 12th of January 2023 | Junior Camp (12 – 14 years old)  Sunday 15th – Tuesday 24th January 2023 | | | | | | | | | | | | | | | | | | | | | | | | |
| **APPLICANTS DETAILS** | | | | | | | | | | | | | | | | | | | | | | | |
| **FULL NAME:** | | | | | | | | | | | | | | | | | | | | | | | |
| **PREFERS TO BE CALLED:** | | | | | | | | | | | | | | | **DATE OF BIRTH**: \_\_\_/\_\_\_/\_\_\_ | | | | | | | | |
| **GENDER:** | MALE | | FEMALE | | OTHER | | | | | | | | | | AGE AT 1/1/2023: | | | | | | | | |
| **ADDRESS:** | | | | | | | | | | | | | | | | | | | | | | | |
| **APPLICANT’S MOBILE NUMBER:** | | | | | | | | | | | | | | | Tick if bringing phone to camp | | | | | | | | |
| **APPLICANT’S EMAIL:**  Do you give consent for this email to be used for post camp survey? | | | | | | | | | | | | | | | Yes No | | | | | | | | |
| **SCHOOL LEVEL IN 2023:** | | | | | | | | | | **NAME OF SCHOOL:** | | | | | | | | | | | | | |
| **PRIMARY CONTACT: PARENT/GUARDIAN *All correspondence will be sent via email to this contact*** | | | | | | | | | | | | | | | | | | | | | | |  |
| NAME:  MOBILE PHONE: | | | | | | | | | | | RELATIONSHIP TO APPLICANT:  HOME/WORK PHONE: | | | | | | | | | | | | |
| EMAIL ADDRESS:  HOME ADDRESS: | | | | | | | | | | | | | | | |  | | | | | | | |
| **SECONDARY CONTACT**  NAME:  MOBILE PHONE: | | | | | | | | | | RELATIONSHIP TO APPLICANT:  HOME/WORK PHONE: | | | | | | | | | | | | | |
| EMAIL ADDRESS:  HOME ADDRESS: | | | | | | | | | | | | | | | |  | | | | | | | |
| **SWIMMING ABILITY** (Please tick)  Non Swimmer | | | | | | | Less than 100m | | | | | | | | | | More than 100m | | | | | | |
| **OUTDOOR EXPERIENCE:** | | | | | | | | | | | | | | | | | | | | | | | |
| **IF NEW TO CAMP, HOW DID YOU FIND OUT ABOUT CAMP ICTHUS?** | | | | | | | | | | | | | | | | | | | | | | | |
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| **MEDICAL INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | |
| **APPLICANTS MEDICARE NUMBER:** | | | | | | | | | | | | | | | | | | | | | | | |
| APPLICANTS REFERENCE NUMBER: # | | | | | | | | | | | | | EXPIRY DATE: | | | | | | | | | | |
| **IS THE APPLICANT IMMUNISED AGAINST TETANUS?**  DATE OF IMMUNISATION: \_\_\_/\_\_\_/\_\_\_ | | | | | | | | | | | | | | YES | | | NO | | | | | UNSURE | |
| **IS THE APPLICANT IMMUNISED AGAIN COVID-19?** | | | | | | | | | | | | | | YES | | | NO | | | | | UNSURE | |
| *All campers must provide a COVID vaccination certificate, or medical exemption, at least two weeks prior to commencement of camp.* | | | | | | | | | | | | | | | | | | | *Covid vaccination   certificate attached.* | | | | |
| **PLEASE INDICATE ANY MEDICAL CONDITION THE APPLICATION MAY HAVE AND GIVE DETAILS IN THE SPACE PROVIDED:** | | | | | | | | | | | | | | | | | | | | | | | |
| Asthma *(please provide   Asthma Management Plan)* | | | | | | | | | | Allergies (*please provide details and Anaphylaxis Action Plan if required*) | | | | | | | | | | | | | |
| Diabetes (*please provide Diabetes Management Plan)* | | | | | | | | | | Epilepsy (*please provide Epilepsy Management Plan if available)* | | | | | | | | | | | | | |
| Hay-fever | | | | | | | | | | Behavioural challenges (*please provide details*) | | | | | | | | | | | | | |
| Travel sickness | | | | | | | | | | Communication challenges (*please provide details*) | | | | | | | | | | | | | |
| Mental health challenges | | | | | | | | | | Other: | | | | | | | | | | | | | |
| Details: | | | | | | | | | | | | | | | | | | | | | | | |
| **IS THE APPLICANT TAKING ANY MEDICATIONS?**  Medication:  Other information: | | | | | | | | | No  Dosage: | | | | | Yes (*Please Specify)* | | | | | | | | | |
| **MEDICATIONS** (*If required during camp)* | | | | | | | | OKAY TO ADMINISTER? | | | | | | | | | |  | | | | | |
| Ibuprofen (e.g. Nurofen) | | | | | | | | YES NO | | | | | | | | | |  | | | | | |
| Paracetamol (e.g. Panadol, Panamax, Herron) | | | | | | | | YES NO | | | | | | | | | |  | | | | | |
| Aspirin (e.g. Disprin, Aspro Clear) | | | | | | | | YES NO | | | | | | | | | |  | | | | | |
| Antihistamine (e.g. Telfast, Claratyne) | | | | | | | | YES NO | | | | | | | | | |  | | | | | |
| Other (*please specify in the space below*) | | | | | | | | YES NO | | | | | | | | | |  | | | | | |
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| **DIETARY REQUIREMENTS**  None  Other (*please specify*): | | | | Vegetarian | | | | | | | | Vegan | | | | | | | | Halal | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| **IS THERE ANY OTHER INFORMATION THAT OUR LEADERS NEED TO KNOW ABOUT THE APPLICANT TO ENSURE THE SAFETY AND HAPPINESS OF THEMSELVES AND OTHERS DURING CAMP?** | | | | | | | | | | | | | | | | | | | | | | | |
| **PHOTOGRAPHS**  Group and activity photographs may be taken during the camping program and may be distributed to other camp participants or used for promotional purposes. No personally identifying information will ever accompany these images.  Please tick here if the applicant CANNOT appear in promotional photographs for any reason.  Please tick here if photos showing the applicant CANNOT be distributed to other camp participants. | | | | | | | | | | | | | | | | | | | | | | | |
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| **TRANSPORT TO CAMP**  We arrange chaperoned group train travel from Melbourne at a fare of $40 (GST incl.) return. We will book and pay for all tickets in one transaction. As we need to confirm tickets in advance, late applications may need to arrange their own V/Line tickets – you will be advised when booking if this applies to you. | | | | | | | | | | | | | | | | | | | | | | | |
| WILL YOU TRAVEL TO CAMP BY TRAIN (*Please tick one)* YES NO  DO YOU HAVE A VALID YEARLY STUDENT MYKI (*Please tick one*) YES NO  If you have a VALID YEARLY STUDENT MYKI that entitles you to free V/Line transport, please bring this with you. Alternatively, please include an additional $40 for your train fare. We provide chaperones group travel from Melbourne to Bairnsdale and will pay for V/Line tickets in bulk. | | | | | | | | | | | | | | | | | | | | | | | |
| IF COMING BY TRAIN, WHICH STATION WILL YOU DEPART FROM (*Please tick one*) | | | | | | | | | | | | | | | | | | | | | | | |
| Southern Cross | | Caulfield | | | | Dandenong | | | | | | | | Pakenham | | | | | | | Other (specify) | | |
| IF RETURNING BY TRAIN, WHICH STATION WILL YOU GET OFF AT (*Please tick one*) | | | | | | | | | | | | | | | | | | | | | | | |
| Southern Cross | | Caulfield | | | | Dandenong | | | | | | | | Pakenham | | | | | | | Other (specify) | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| **PAYMENT - REQUIRED WITH APPLICATION (minimum of $100 deposit required with application)**  Please make payment by electronic transfer (internet banking): **Account Name:** Camp Icthus **BSB:** 033-052 **Account Number:** 513-757  Please complete the following:  **Date Paid**\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Amount**\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Bank**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Reference**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Please contact Chris Forbes if you need to discuss payment options, 0421 915 571 | | | | | | | | | | | | | | | | | | | | | | | |
| Please complete ALL SECTIONS of this application form including signed Declaration by Parent/Guardian and signed camper code of conduct and send a scanned copy along with COVID vaccination certificate to [campicthus@gmail.com](mailto:campicthus@gmail.com). If you would prefer, you can post to 16 Cornfield Grove, Box Hill South, Vic, 3128. | | | | | | | | | | | | | | | | | | | | | | | |

**A picture containing text

Description automatically generatedCAMPER CODE OF CONDUCT**

**THIS DOCUMENT MUST BE READ AND SIGNED BY BOTH THE CAMPER AND PARENT/GUARDIAN.**

Camp Icthus is a Child Safe organisation. All campers who come to Icthus have a right to feel and be safe and are expected to comply with the Camp Icthus Camper code of conduct.

The following regulations will be explained to all campers on arrival at Summer Camp.

* All mobile phones, electronic equipment, and any weapons, including knives, must be handed to leader responsible for valuables on Day 1 of Summer Camp.
* Alcohol and illicit drugs (including vaping) are strictly prohibited.
* Smoking is allowed in designated areas only.
* Camper huts are for sleeping, packing for overnighters and changing clothes and shoes only. Campers are not to congregate in camper huts.
* Wildlife may be observed from a safe distance, do not approach or chase.
* A one leader to four camper ratio must be adhered to for swimming and washing dishes on overnighters.
* Campers are not to use water craft unless under the supervision of a leader.

1. **Campers are expected to**

* Treat everyone with respect and try to get along with everyone on camp
* Speak politely, using positive and encouraging language
* Participate in all aspects of camp (including early morning swims whilst in camp)

and be where they meant to be at all times,

* Respect other people’s property
* Enjoy the atmosphere of the community group
* Respect the safety of others

1. **Campers are expected not to**

* Behave inappropriately, including bullying, teasing, harassment or acts of aggression
* Vandalize or intentionally damage any camp property or leader property and/or equipment
* Steal or borrow without consent another’s belongings
* Tamper with any safety devices or operations equipment, including but not limited to vehicles, craft, fire extinguishers, smoke detectors, emergency equipment and tools.
* Leave the camp boundaries without a leader.

Camp Icthus has a zero tolerance for sexual harassment. Harassment can take many forms, including:

* Physical contact, like grabbing, pinching, inappropriate touching, or unwanted kissing
* Sexual name calling
* Making sexual jokes or gestures

Campers that do not behave as expected MAY be sent home based on the severity of the breach. If that is the case, NO refund or credit will be issued.

1. **Dress Code**

All campers are encouraged to use protective sunhats and sunscreen. It is requested that tee shirts or rash vests are worn for most water activities. Footwear MUST be worn at all times during camp activity.

**DECLARATION**  
By signing, I recognise that I have read, understand and agree to the Camper Code of Conduct.

**CAMPER**  **PARENT/GUARDIAN**

Full Name: Full Name:

Signature: Signature:

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| --- | --- | --- |
| **DECLARATION BY PARENT/GUARDIAN OF APPLICANT** | | |
| I, the undersigned, am the parent of guardian of the applicant named overleaf, and having checked the accuracy of all information provided, approve of this application. In doing so, I agree that Camp Icthus Inc, its officers and servants, shall be free of all responsibility whatsoever with respect to any accident or illness during the applicant’s participation in any camp activity, including (but not exclusive to) bushwalking, canoeing, sailing, swimming, and overnight camping.  I understand that throughout the camping program minor injuries or ailments such as headaches, nausea, strains, sprains and scratches can occur. I have accurately indicated any allergies the application has to medications that can be purchased without prescription and have also indicated whether leaders have permission to administer these products according to the recommended dosage. I understand that where these remedies are deemed unsuitable in treating the condition, camp leaders will either make contact with me or seek professional medical or pharmacist assistance. I give permission for any necessary medical attention for the application to be obtained and agree to meet any additional medical expenses incurred.  I declare that the applicant has been in good health and agree to advise Camp Icthus Inc. immediately into the event of the application contracting an ailment that could be detrimental to the health of other participants.  I further declare that I have advised Camp Icthus Inc. of any behavioural issues that could affect either the applicant’s participation in the program, or impact on other participants in the program.  I understand and agree that should Camp Icthus Inc. deem it necessary, for any reason, to return the applicant home at any time during the program, I will accept this and make necessary arrangements.  I understand that I may be required to administer a Rapid Antigen Test for Covid19 on the day that camp commences, and that if my child tests positive they will need to comply with any isolation requirements prior to attendance at camp. You will be advised if this is required prior to camp. | | |
| Signed:  Full Name:  Relationship to Applicant: | | Date \_\_\_/\_\_\_/\_\_\_ |
|  | | |
| **EMERGENCY CONTACT DETAILS** | | |
| In the event of emergency, we will first attempt to contact the Primary Contact Parent/Guardian above. However, please nominate an additional person over the age of 18 who we can contact if they are unavailable.  Same as Secondary Contact  OR as below | | |
| Full Name: | Relationship to Applicant: | |
| Address: | | |
| Mobile Phone: | Home/Work Phone: | |

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| **2023 APRIL CAMPING PROGRAM** *Please retain this page for your own information* |
| **SENIOR CAMP: Tuesday 3rd January – Thursday 12th January 2023, ages 15-17 years**  **JUNIOR CAMP: Sunday 15th January – Tuesday 24th January 2023, ages 12-14 years** |
| **COST**  The cost of the camp is $725 plus $40 train fare (if required). No GST is payable on the cost of the camping program.  Applications and a minimum deposit of $100 (any amount over $100 is also permitted), are due by Friday 25th November.  Applications and deposits will be acknowledged on receipt. You will be advised of the outcome of your application by Friday 2nd December and receipts will be issued once full payment is received. Unsuccessful applicants will receive full refund of deposits paid.  **Bring a Friend Discount:** Camp Icthus is a small organisation that relies on word-of-mouth recommendations from people who have experienced our programs. We offer of $50 discount on an applicant’s camp fee if they bring a friend to camp who has not previously attended camp.  **Family Discount:** For two or more children from the same immediate family, we offer a discounted fee. The discount is $50 off the fee for each child from the same immediate family.  **Payment by instalments:** If you wish to discuss an alternative payment arrangement, please contact our Summer Camp Coordinator (contact details listen at the bottom of the page)  **Subsidised fees:** may be granted to those who genuinely find the full fee beyond their means. Limited funds are available for this purpose and the camper application should be completed in the normal manner. The application should include a written statement detailing the reasons for requesting financial assistance. All requested will be treated in the strictest confidence. |
| **MOBILE PHONES AND ELECTRONIC DEVICES**  The best Camp Icthus experiences occurs when participants immerse themselves fully in all activities and leave the ‘real’ world at home. Camp Icthus is also on a bush site and we undertake many activities that involve water, sand, and unpredictable environments. For these reasons we do not allow electronic games, music players, mobile phones or other devices.  We recommend that campers do not bring their mobile phones to camp. However, we understand that campers may need to arrange transport to/from the train and may wish to contact home at some stage during camp. Any mobile phones brought to camp MUST be handed in to camp leaders upon arrival and will be securely stored for the duration of camp. Mobile phones may be made available at suitable times to contact family (only if required) and will be returned on the final day before leaving camp. If you wish to contact your loved ones during the program, the Camp Icthus phone number is 0491 129 254, and we are happy for you to call this number at any time. |
| **APPLICATIONS AND PAYMENTS**  Please note all campers must be fully vaccinated against COVID-19. Applicants will be advised of the receipt of their application by email. Outcomes will be advised by the Friday 2nd December**.** Successful applicants will also be provided with details of train times and what to bring to camp. If you withdraw your application more than 14 days prior to the camp start date, a partial refund may be issued, dependent on the expenses already incurred by Camp Icthus Inc. If you withdraw less than 14 days from when the camp is due to commence, no refund will be issued. *Late applications will be considered if spaces are available.*  ***In the case that Camp Icthus is required to cancel camp at any time prior to starting due to COVID-19 restrictions, you will be contacted and a full refund will be issued.*** |
| **REQUESTS FOR FURTHER INFORMATION**  Please contact our Summer Camps Coordinator, **Chris Forbes** on 0421 915 571 or  Icthus Secretary, **Jill Forshaw** on 0412 062 860 for more information.  Email: [campicthus@gmail.com](mailto:campicthus@gmail.com) Postal address: 16 Cornfield Grove, BOX HILL SOUTH, VIC 3128 |