Application Form - 2024 Summer Camping Program





I WISH TO ENROL FOR (Please tick one):				
Senior Camp (15-17 years old) Wednesday 3 rd – Friday 12 th of January 2024 Junior Camp (12 – 14 years old) Monday 15 th – Wednesday 24 th January 2024				
APPLICANT'S DETAILS				
FULL NAME:				
PREFERS TO BE CALLED:		DATE OF BIRTH: _		
GENDER: MALE FEMALE OTHER*		AGE AT 1/1/2024:		
*The Camp Icthus camper sleeping huts and amenities are separated by gender. Camp Icthus is a small, registered charity and does not currently have the resources to provided additional gender-neutral facilities. We will work with gender fluid, intersex, non-binary, trans and gender diverse campers and their families before camp to help them identify and agree to the appropriate hut and amenities block assignment and ensure they feel safe at Camp Icthus.				
ADDRESS:				
APPLICANT'S MOBILE NUMBER:		Tick if bringing	phone to camp	
APPLICANT'S EMAIL:				
Please provide your child's email address if you conser	nt for communication	n directly from Cam	p Icthus.	
SCHOOL LEVEL IN 2024:	NAME OF SCHOO	L:		
PRIMARY CONTACT: PARENT/GUARDIAN All	correspondence wi	l be sent via email t	o this contact	
NAME:	RELATIONSHIP TO	APPLICANT:		
MOBILE PHONE:	HOME/WORK PHO	ONE:		
EMAIL ADDRESS:	НОМ	E ADDRESS:		
SECONDARY CONTACT				
NAME:	RELATIONSHIP TO	APPLICANT:		
OBILE PHONE: HOME/WORK PHONE:				
EMAIL ADDRESS:	ном	E ADDRESS:		
SWIMMING ABILITY (Please tick) Non Swimmer	Less than 100m	More	e than 100m	
OUTDOOR EXPERIENCE:				
SOLDON EN EMENCE.				

HOW DID YOU FIND OUT ABOUT CAMP ICTHUS?				
MEDICAL INFORMATION				
APPLICANT'S MEDICARE NUMBER:				
APPLICANT'S REFERENCE NUMBER: #				EXPIRY DATE:
DATE OF IMMUNISATION://	IUS	?		YES NO UNSURE
PLEASE INDICATE ANY MEDICAL CONDITION TH PROVIDED:	E AI	PPLICA	λN	NT MAY HAVE AND GIVE DETAILS IN THE SPACE
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?		N	0	Yes (<i>Please Specify</i>)
Medication:		_		Dosage:
Other information:				
other information.				
MEDICATIONS (If required during camp)	ОК	AY TO	Α	ADMINISTER?
Ibuprofen (e.g. Nurofen)	F	YES	Ĺ	□ NO
Paracetamol (e.g. Panadol, Panamax, Herron) Antihistamine (e.g. Telfast, Claratyne)	┝	YES	<u> </u>	□ NO

None	Vegetarian	<u></u> □0	ther (please specify)	
IS THERE ANY OTHER INFO THE SAFETY AND HAPPINES		_		PPLICANT TO ENSURE
PHOTOGRAPHS				
Group and activity photogra	•			
distributed to other camp p will ever accompany these i	·	r promotional pu	rposes. No personally ic	ientifying information
	_	ear in promotion	ıal photographs for any ı	reason.
TRANSPORT TO CAMP				
Camp Icthus arranges chap	eroned group V-line t	ravel from Melbo	ourne return included in	your camp fees. Icthus
will book and pay for all tick				
need to arrange their own \				s to you.
WILL YOU TRAVEL TO CAMI	P BY V-LINE* (<i>Please t</i>	rick one) Y	ES NO	
IF COMING BY TRAIN, WHIC	CH STATION WILL YOU	J DEPART FROM (Please tick one)	_
Southern Cross	Caulfield	Dandenong	Pakenham	Other (specify)
IF RETURNING BY TRAIN, W	_	_ `	Please tick one)	_
Southern Cross	Caulfield	Dandenong	Pakenham	Other (specify)
*If V-line changes service to	buses, departure ma	ay only be availab	le from Southern Cross	
Camp Icthus will only chape guardians will be responsib		_	·	on V-line, parent and/or
PAYMENT - REQUIRED WIT	H APPLICATION (min	imum of \$100 de	eposit required with app	olication) Reference
<u>Camper Name</u> please. The	- '			=
Please make payment by el Account Name: Camp Icthu	· ·	ernet banking): Account Number	:: 513-757	
Please complete the follow	ing:			
Date Paid	Amount	Bank	Reference	·
Diagon combatt Chair Fall				
riease contact chris Forbes	s 0421 915 571 or Can	np Icthus 0491 12	29 254, to discuss payme	ent options.

CAMPER 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

2. 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.

3. 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:

DECLARATION BY PARENT/GUARDIAN OF APPLICANT

I, the undersigned, am the parent or 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 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 Camp Icthus will only chaperone the applicant whilst travelling to and from Camp Icthus on V-line, parent and/or guardians will be responsible for the applicant after arrival at train stations.

Signed:	Date//
Full Name:	
Relationship to Applicant:	

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:	

2024 SUMMER CAMPING PROGRAM

Please retain this page for your own information



SENIOR CAMP: Wednesday 3rd January – Friday 12th January 2024, ages 15-17 years JUNIOR CAMP: Monday 15th January – Wednesday 24th January 2024, ages 12-14 years

COST

The cost of the camp is \$765. Please note due to significantly reduced train travel costs in Victoria there is no longer an additional charge for train travel. 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), is due by Friday 24th November.

Applications and deposits will be acknowledged on receipt. You will be advised of the outcome of your application by Friday 1st December and receipts will be issued once full payment is received. Unsuccessful applicants will receive full refund of deposits paid.

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 subsequent 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 requests 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 electronic 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. 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 will be returned on the final day before leaving camp. If you wish to contact a camper 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. Campers will be allowed to use the camp phone if necessary, at leaders discretion.

APPLICATIONS AND PAYMENTS

Applicants will be advised of the receipt of their application by email. Outcomes will be advised by the Friday 1st December. Camp Icthus anticipates high demand for our Summer Camps in 2024. The order in which we receive applications may be one of the factors considered when deciding who receives a place on camp. 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.*

REQUESTS FOR FURTHER INFORMATION

Please contact our Summer Camps Coordinators

Chris Forbes on 0421 915 571 until November 24 only.

Camp Icthus 0491 129 254 or Icthus Secretary, Jill Forshaw on 0412 062 860 for more information.

Email: campicthus@gmail.com