

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:

Applicants Name:

Relationship to Applicant:

PAYMENT - REQUIRED WITH APPLICATION (minimum of \$150 deposit required with application)

Reference Camper Name please. The cost of the camp is \$800.00 this includes train travel to and from camp.

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** 0421 915 571 or **Camp Icthus 0403 080 881**, to discuss payment options.

Please complete ALL SECTIONS of this application form including signed Declaration by Parent/Guardian and signed camper code of conduct and forward to campicthus@gmail.com