

DECLARATION BY PARENT/GUARDIAN OF APPLICANT

I, the undersigned, am the parent or guardian of the applicant named below, and having checked the accuracy of all information provided, approve of this application. In doing so, I agree that Camp Ichthus 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 applicant 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 me or seek professional medical or pharmacist assistance. I give permission for any necessary medical attention for the applicant 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 Ichthus Inc. immediately in the event of the applicant contracting an ailment that could be detrimental to the health of other participants.

I further declare that I have advised Camp Ichthus 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 Ichthus 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 Ichthus will only chaperone the applicant whilst travelling to and from Camp Ichthus on V-line, parent and/or guardians will be responsible for the applicant after arrival at train stations.

Signed:

Date ____/____/____

Full Name of Parent/Guardian:

Name of Applicant:

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 eighteen 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: