

Christian Life Week (CLW) Registration Form

Please complete all of this form and return it to:
EMILIE-RAE WOODHEAD, 20 High St, Horsham, Vic, 3400
If you have any further questions, please contact Emilie-Rae
on 0428 461 809 or clw.admin@lyv.org.au



Which camp would you like to attend? Purple: 2nd - 6th July Orange: 1st - 5th October
Is this your first CLW? yes no

Participant Information:

Given name: _____ Surname: _____
Preferred name: _____
Date of Birth: ____/____/____ Age: ____ Year Level: ____ Gender (please circle): F M
Address: _____
Suburb/Town: _____
Postcode: _____ State: _____ Phone number: _____
Email address: _____

Parent/Guardian/Carer details:

Given/preferred name: _____ Surname: _____
Work/business hours phone number: _____ Mobile number: _____
Email address: _____

Emergency contact details:

**Must be available 24 hours every day during camp and different from parent or guardian. This person will be contacted in the event that the parent/guardian cannot be contacted.*

Given name: _____ Surname: _____
Relationship to camper: _____
Work/business hours phone number: _____ Mobile number: _____
Home/after-hours phone number: _____

Church Fellowship:

Are you currently attending a church? Yes, regularly Yes, occasionally No
What is the name of the church you attend most often? _____

Instruments

There is usually a band at CLW, made up of talented Leaders and Campers. If you have an instrument that you would like to bring along and contribute to the Camp in this way we would like to know in advance to help with music preparation.

Do you play an instrument? yes no
If yes, what instrument do you play? _____
Will you be bringing it to camp? yes no

Medical

Private health insurance provider: _____ Membership number: _____
Medicare number: _____ No. on card: _____ Expiry Date: _____
Health Care Card (if applicable): _____
Do you have ambulance cover? yes no
Will you require any medication whilst on camp? yes no
If yes, please provide details: _____
Would you prefer to self-administer medication? yes no
Have you been taken off medication recently? yes no

If yes, please provide details: _____

What is the year of your last tetanus injection? _____

Have you had a previous significant injury? yes no

If yes, please provide details: _____

Do you have any medical conditions?

Condition	Past	Present	Details: e.g. severity, treatment	Condition	Past	Present	Details: e.g. severity, treatment
Asthma				Hyperactivity			
Appendicitis				Hypo activity			
Bronchitis				Heart Problems			
Chicken Pox				Measles			
Diabetes				Mumps			
Ear Infections				Pneumonia			
Epilepsy				Tonsillitis			
Fits/Convulsion							
Faint/Dizziness							
Glandular Fever							

Allergies

Do you have any allergies?

No allergies Food allergies Allergies to medicines Other allergies

Allergy	Severity of reaction	Trigger events (e.g. swallow, ouch, in the air)	Treatment needed

Dietary Requirements

Please let us know if you have any dietary requirements (e.g. vegetarian). If you require extra care in regards to the food you receive on camp please include these in full detail on a separate piece of paper with this form.:

Individual needs and consideration

We collect the following information in order to provide a greater level of care and comfort for you. The information collected will be treated with respect and sensitivity.

Are you of Aboriginal or Torres Strait Islander origin? _____

Which language is mostly spoken at home? _____

Which other languages are spoken at home? _____

Which cultures have influenced you? _____

Do you have any mental or physical disabilities, impairments or conditions? (E.g. Hard of hearing, visual impairment, sensory sensitivities, fainting/dizziness, etc.).

Details: e.g. severity, treatment, how can we support you?

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Do you have any social, communication or behavioural issues, or any psychological issues or formal counselling situations?

	Details: e.g. severity, treatment, how can we support you?
Autism Spectrum Disorder	
ADHD	
ODD	
Other – please specify: _____	

Is there anything else we should be aware of to enable us to maximise your comfort and inclusion in the event? (Please list any condition or issue that will help us to respond to your personal needs)

Transport

I am able to provide transport for others from _____ for _____ people

I would like transport options from _____

I would like public transport details from _____

Payment Details

Total camp cost: \$295 (\$10 late fee applies to all forms received less than 3 weeks before camp)

- Payment method: Cheque (Make cheques payable to 'LYV')
- Direct Deposit (***please include a copy of the receipt with this form***)

BSB: 063 109

Account number: 1015 1004

Account name: Lutheran Youth of Victoria

Reference: "CLW [Initial][Surname]" (e.g. CLW EWoodhead)

Total fee's enclosed: \$_____ (Make cheques payable to 'LYV')

(As the LYV is a non-profit organisation we do not charge GST on our camp fees. ABN: 66168021429)

(NOTE: Your child's place on camp is not confirmed until full payment is received)

Consent and Agreement

Welfare

- I understand that all reasonable care will be taken by the LYV, its event coordinator/s and leaders and I accept full responsibility for any injury or illness in the case of accident or other untoward incident. I give the coordinator and other leaders authority to take any action deemed necessary for my welfare, including seeking medical attention on my behalf and calling for an ambulance. I recognise that I will bear the cost of any such treatment.

Conduct

- I agree to conduct myself in a Christian manner and understand that my involvement is conditional upon complying with such rules as set out by the LYV and event coordinator. I agree to keep my behaviour in accordance with the guidelines for behaviour in the Ethical standards of behaviour and LYV Small Print Brochure and Behaviour policy. (available at

<http://www.lca.org.au/policies.html> and <http://www.vic.lca.org.au/child-youth-and-young-adult-ministry/camps/>).

- I acknowledge that I will be responsible for any breakages that I may cause.
- I agree that in the event of serious or repeated breaches of the behaviour code, I may be sent home by the event coordinator at my own expense, and my parent/guardian/carer will cooperate in making arrangements and paying for this to happen if needed.

Photographs and videos

- I agree that individuals taking photographs is a normal part of camp. I further agree that while LYV behaviour code requires that all people seek permission from the subjects of photographs before publishing them, the LYV cannot be held responsible for the behaviour of individuals.

I agree/ do not agree to LYV using photographs and videos for LYV publications and promotions in print and electronically.

Privacy

The Lutheran Youth of Victoria is an auxiliary of the Lutheran Church of Australia and collects your information as part of the LCA. The information collected by the LCA is used in accordance with LCA policies and in particular the LCA Privacy Policy. Information may be stored indefinitely because of legal requirements.

- I agree to information on this form being stored by the Lutheran Church of Australia.
- I agree to my contact details being included in participant listings.
- I would like to receive mailings from time to time regarding future events, activities or other promotions in the LYV.

Consent: This form is only valid if both parties sign.

Participant

I consent to take part in this event, on the conditions outlined above.

Camper name: _____ Camper signature: _____ Date: _____

Parent/guardian/carer:

I am the legal parent/guardian/carer of the participant and consent to their taking part in this event, on the conditions outlined above.

Name: _____ Signature: _____ Date: _____

Policies and Behaviours Framework

Lutheran Youth of Victoria's own specific policies and behavioural expectations for all people involved in its activities, both leaders and participants, are detailed in <http://www.vic.lca.org.au/child-youth-and-young-adult-ministry/camps/>

Lutheran Youth of Victoria is an auxiliary of the Lutheran Church of Australia, and works within the LCA's Ethical Standards of Behaviour and policy framework. The LCA Ethical Standards of Behaviour and Child Protection, Prevention of Harassment and Abuse, Complaints Handling and Privacy policies are available at <http://www.lca.org.au/policies.html>

The Lutheran Youth of Victoria also uses the ChildSafe SP3 Safety Management System and endorses the code of conduct contained in that training for its leaders. <http://www.childsafe.org.au/>