



School Holiday Roundup Camp Application Form

Teen Ranch, PO. Box 92, Cobbitty, NSW, 2570 P: 4651 2268 F: 4651 2736 E: info@teenranch.com.au

CAMPER DETAILS

Name: _____ Camp Code: _____ Camp Dates: _____
DOB: _____ Age at Camp: _____ Camper email: _____
Address: _____ Post Code: _____
Sex: M / F Year at School: _____ School: _____
Parent/Guardian Names: _____
Phone (H): _____ Phone (M): _____ Phone (W): _____
Email (to send application confirmation): _____
Choice of Roommates: _____

HEALTH & EMERGENCY INFORMATION

Emergency Contact (if parent/guardian can't be contacted): _____
Phone: _____ Relationship to Camper: _____
Medicare Number: _____ Card Ref. Number: _____ Expiry: _____
Does the camper have any: (please provide details & use separate sheet if required)
 YES NO – Allergies to food, drugs, environment etc? _____
 YES NO – Disabilities? _____
 YES NO – Medication requirements? (Outline medication & purpose) _____
 YES NO – Behavioural problems? _____
 YES NO – Special dietary requirements? _____
 YES NO – Restrictions from involvement in any camp activity (including swimming ability if applicable) _____
 YES NO – History of bed wetting or sleep walking? _____

The above question is to help protect from any possible embarrassment. If you answered YES to the above question then please provide the camper with the necessary items to prevent embarrassment and damage of Teen Ranch property.

PAYMENT DETAILS

Please select one of the following options

- I enclose the non-refundable deposit of \$100
 I enclose full camp fees of \$462
 I authorise Teen Ranch to debit my MasterCard / Visa the sum of \$ _____

Card No.: ____/____/____/____ Expiry Date: ____/____

Cardholders Name: _____

Signature: _____

OFFICE USE ONLY

Deposit: \$ _____

Rec: # _____

Date: _____

Balance: \$ _____

Rec: # _____

Date: _____

Confirmation Sent _____

OTHER INFORMATION

Is there anyone who is legally restricted from seeing the camper? YES NO Who? _____

Has the camper been suspended from school in the last 6 months? YES NO

Has the camper been involved with the police in the last 6 months? YES NO

How did you find out about Teen Ranch? Attended: Roundup School Camp Weekend Camp

Internet Search Engine Website Friend Advert - Publication: _____ Other: _____

RISK WAIVER AND INDEMNITY

- (1) I understand that recreational activities organised by Teen Ranch may include, but are not limited to, horse riding, canoeing, abseiling, low and high ropes courses, rock climbing, abseiling, archery, crate climb, giant swing, challenge course, pool games, bush skills, orienteering, bush walks, campfires, wide games, indoor games, initiatives, free time, swimming, sports, craft activities and other similar activities arranged from time to time (Activities).
- (2) I acknowledge that the Activities are of their nature inherently dangerous.
- (3) I agree to comply with all rules and warnings made available by Teen Ranch with respect to the Activities and follow any instructions or directions given by any employees, representatives or agents of Teen Ranch.
- (4) I certify that I am physically fit and have no medical condition that would make participation in the Activities more hazardous. If I am pregnant, disabled in any way or have recently suffered an illness, injury or impairment, I should have or did consult a physician before participating in the Activities.
- (5) I agree not to consume alcohol prior to the Activities or use any medicines or substances that will inhibit my mental or physical ability to safely and effectively participate in the Activities.
- (6) I agree that Teen Ranch is not responsible for any personal items or property that is lost, damaged or stolen during the Activities and/or from the campsite generally.
- (7) I understand that Teen Ranch is committed to conducting the Activities in a safe manner and holds the safety of participants in the highest regard and that Teen Ranch attempts to reduce such risks and insists that all participants follow safety rules and instructions that are designed to protect the participants' safety.
- (8) I am solely responsible for determining if I am (or my child is) physically fit and/or sufficiently skilled for the Activities.
- (9) I recognise and acknowledge that there are risks of physical injury to participants in the Activities, and I freely and voluntarily agree to assume the full risk of any and all injuries that I (or my child) may sustain as a result of participation in the Activities.
- (10) Except where such a claim arises as a result of the negligent acts or omissions of Teen Ranch, I assume all risks and hazards incidental to such participation in the Activities, and I waive and indemnify Teen Ranch, its officers, employees, agents and representatives, for any claim arising out of an injury to my child and from any and all claims arising out of or connected with my child's participation in the Activities.
- (11) Except where such a claim arises as a result of the negligent acts or omissions of Teen Ranch, I agree to release, and not make any claim against Teen Ranch arising as a result of, or in connection with, my child's participation in the Activities. I agree to indemnify Teen Ranch, its past and present employees, volunteers and agents from any and all third party claims caused in whole or in part by my child's negligent or intentional acts or omissions.
- (12) I consent to medical care and transportation in order to obtain treatment in the event of injury to me (or my child) during the Activities, as Teen Ranch staff members and group leaders may deem appropriate. (I understand that I will be notified as soon as possible if this happens to my child).
- (13) I understand that this document extends to any liability arising out of or in any way connected with the medical treatment and transportation provided in the event of an emergency and/or injury to me (or my child).

MEDICAL ASSISTANCE

If my child needs any medication while on camp, I will contact Teen Ranch prior to the camp to make the necessary arrangements. Generally when I have indicated specifically below, I give permission for my child to be given, by staff qualified in first aid, the following non-scheduled medication (that is, medication available in the supermarket), if required.

- Paracetamol
- Antihistamine
- Other (please specify) _____

CAMP REGULATIONS

I agree (on behalf of my child) to abide by all camp regulations as outlined in the Introductory meeting at the start of camp and the policies given in the confirmation letter. I understand that failure to do this may ultimately result in my child being asked to leave the camp early with no refund of the camp fees being paid by Teen Ranch. I will arrange to pick up my child immediately if this happens.

MEDIA CONSENT

Photographs and videos may be used, in an un-identified form, as part of future Teen Ranch promotional material and also published on Teen Ranch's websites, social media platforms and end-of-camp slideshows and videos. Use of such media content is considered a condition of booking. Please indicate if you do not grant media consent to Teen Ranch.

ACCEPTANCE

I agree to not amend any part of this document. I acknowledge that I have read and fully understood the important information above and agree to the terms of this document. I have filled out all my child's details including the health and emergency information to the best of my knowledge.

(Parent/Guardian's name printed)

(Parent/Guardian's signature)

(Date)