**Holiday Adventure Program – Application Form**

*Teen Ranch, PO Box 92, Cobbitty NSW 2570, Phone: 4651 2268, email:* *teenranchholidays@gmail.com*

**Booking Details: July 2022 (Winter)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name: |  | DOB: | / / | Age: |  |

**Register for any of the following programs by marking the boxes below.**

Please Note: All bookings are based on the age at the time of attendance.

|  |  |  |
| --- | --- | --- |
| **Monday 4th July** | **Friday 8th**  | **Thursday 14th**  |
|[ ]  10 – 12 yrs | Ranch Riders |[ ]  10 – 12 yrs | Bush Adventure |[ ]  10 – 12 yrs | Roping Adventures |
|[ ]  13 – 17 yrs | Thrills and Skills |[ ]  13 – 17 yrs | Ranch Riders |[ ]  13 – 17 yrs | Kitchen Capers |
|  |[ ]  13 – 17 yrs | Roping Adventures |[ ]  13 – 17 yrs | Ranch Riders |
| **Tuesday 5th** |  |  |
|[ ]  10 – 12 yrs | Ranch Riders | **Monday 11th**  | **Friday 15th**  |
|[ ]  10 – 12 yrs | Make ‘n’ Bake |[ ]  10 – 12 yrs | Ranch Riders |[ ]  10 – 12 yrs | Ranch Riders |
|[ ]  13 – 17 yrs | Roping Adventures |[ ]  13 – 17 yrs | Thrills and Skills |[ ]  10 – 12 yrs | Thrills and Skills |
|  |  |[ ]  13 – 17 yrs | Roping Adventures |
| **Wednesday 6th** | **Tuesday 12th**  |  |
|[ ]  10 – 12 yrs | Thrills and Skills |[ ]  10 – 12 yrs | Make ‘n’ Bake |  |
|[ ]  10 – 12 yrs | Roping Adventures |[ ]  10 – 12 yrs | Roping Adventures |  |
|[ ]  13 – 17 yrs | Kitchen Capers |[ ]  13 – 17 yrs | Ranch Riders |  |
|  |  |  |
| **Thursday 7th**  | **Wednesday 13th**  |  |
|[ ]  10 – 12 yrs | Roping Adventures |[ ]  10 – 12 yrs | Bush Adventures |  |
|[ ]  13 – 17 yrs | Ranch Riders |[ ]  13 – 17 yrs | Roping Adventures |  |
|  |  |  |

***Teen Ranch reserves the right to cancel or change any of the programs.***

**Roping Adventures**

10 – 12 yrs: Giant Swing, Rock Climbing, Crate Climb

13 – 17 yrs: Rock Climbing, Abseiling, High Ropes, Giant Swing

**Ranch Riders**

Horse Riding and Horse Care

**Thrills and Skills**

Giant Swing, Canoeing, Archery

**Bush Adventure**

Bush Skills/Cooking, Challenge Course, Orienteering

**Make ‘n’ Bake**

Baking skills and Cake Decorating + 1 activity

**Kitchen Capers**

Learning some cooking skills + 1 activity

**Fees: $120 per day**

**Times: 8:30 am – 4:00 pm**

*8:00 – 8:30 am check in*

*4:00 – 4:30 pm check out*

**Office Use Only**

Balance Due: $\_\_\_\_\_\_\_\_\_\_ Paid: $\_\_\_\_\_\_\_\_\_

Receipt #: \_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

**Payment Details**

|  |  |
| --- | --- |
|[ ]  I authorise Teen Ranch to debit my Mastercard/Visa with the sum of $ |  |
|  |  |  |
| Card No.: |  |  |  |  | / |  |  |  |  | / |  |  |  |  | / |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Expiry: |  |  | / |  |  |  |  |  |
| Cardholder’s Name: |  | Signature: |  |

**Health and Emergency Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  |  |  |
| Address: |  |
|  |  | Post Code: |  |
| Sex:  | M / F | Year at School: |  | School: |  |
| Parent/Guardian Names: |  |
| Phone (H): |  | Phone (M): |  | Phone (W): |  |
| Email: |  |  |  |
|  |  |  |  |
| **Emergency Contact (if Parent/Guardian can’t be contacted):** |
| Name: |  |
| Phone: |  | Relationship to camper: |  |
|  |  |  |  |
| **Camper Details** |
| Medicare No.: |  | Card Ref. Number: |  | Expiry: |  |
|  |  |  |  |  |  |
| Does the camper have any of the following? (Please provide details and use a separate sheet if required) |
| [ ] Yes | [ ] No | Allergies (food, drugs, environment etc)? Please provide an epi-pen for anaphylaxis allergy |
|  |  |  |
| [ ] Yes | [ ] No | Asthma? If yes, please provide an asthma plan |
|  |  |  |
| [ ] Yes | [ ] No | Disabilities? |
|  |  |  |
| [ ] Yes | [ ] No | Medical Requirements? (Outline medication and purpose) |
|  |  |  |
| [ ] Yes | [ ] No | Behavioural Problems? |
|  |  |  |
| [ ] Yes | [ ] No | Special Dietary Requirements? (Please specify) |
|  |  |  |
|  |  |  |
| **Swimming Ability:** |  |
| [ ]  Strong | [ ]  Average | [ ]  Weak | [ ]  Non-swimmer |

**Other Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Is there anyone who is legally restricted from seeing the camper? | [ ]  Yes | [ ]  No | Who? |
|  |
|  |
| How did you find out about the Teen Ranch Holiday Adventure Program? |
| [ ]  School Camp | [ ]  Weekend Camp | [ ]  Website | [ ]  Facebook | [ ]  Friend |
| [ ]  Advert/Publication | [ ]  Other (please specify): |  |

**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, 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 participation in the Activities or use any medicines or substances that will inhibit my mental or physical ability to participate in the Activities safely and effectively.
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 indemnity 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).
14. If on current medication, it is best not to omit this from your child’s routine while attending camp.
15. **In the case of sickness or behaviour related incidents, I agree to be on call 24/7 to pick up my child from camp.**

**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 | [ ]  Ibuprofen | [ ]  Antihistamine | [ ]  Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Campsite Regulations**

I agree (on behalf of my child) to abide by all campsite regulations as outlined in the introductory meeting at the start of the programme 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 campsite early with no refund of the programme 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.

|  |
| --- |
| [ ]  I consent to Teen Ranch using photographs of me (or my child) for promotional purposes |
| [ ]  I DO NOT consent to Teen Ranch using photographs of me (or my child) for promotional purposes |

**Acceptance**

I agree to not amend any part of this document. I acknowledge that I have read and fully understand 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.

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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| (Parent/Guardian’s name printed) | (Parent/Guardian’s signature) | (Date) |