



# BNEI AKIVA JUNIOR SUMMER CAMP 2007

7<sup>th</sup> - 11<sup>th</sup> January 2008



PLEASE SEND COMPLETED FORMS TO:

Daniel Smith – 240 Old South Head Rd, Bellevue Hill 2023

\*\*\*FORMS DUE BY 18<sup>th</sup> DECEMBER 2007\*\*\*

FOR HELP OR QUESTIONS PLEASE CONTACT:

Daniel Smith

Aimee Greenstein

0408 233 063

OR

0416 966 502

[dsmith@bnei.com.au](mailto:dsmith@bnei.com.au)

[aimee\\_greenstein@bnei.com.au](mailto:aimee_greenstein@bnei.com.au)

Please fill in separate forms for each child attending camp.

## Camper Details

<b>Child Name:</b>		<b>Parent Name:</b>	
<b>Address:</b>		<b>Postcode:</b>	
<b>Child Email:</b>		<b>Parent Email:</b>	
<b>Child Mob:</b>		<b>Parent Phone:</b>	
<b>Date of Birth:</b>		<b>Please select:</b>	<b>MALE</b> <b>FEMALE</b>
<b>Year at school 2007:</b>		<b>School:</b>	
<b>Vegetarian?</b>	<b>YES</b> <b>NO</b>	<b>Chalav Yisrael?</b>	<b>YES</b> <b>NO</b> <b>Lactose Intolerant?</b> <b>YES</b> <b>NO</b>

## Emergency Contact Details

(Parents will be the first point of contact in an emergency; the emergency contact will be contacted only if the parents are unreachable)

<b>Contact Person:</b>		<b>Relationship:</b>	
<b>Phone (H):</b>		<b>Phone (B/M):</b>	

## Disclaimer

Please tick each box to indicate that you have read each point and are in agreement with each

- 1. I agree for my child to attend the Bnei Akiva camp the subject of this application (the "Camp").
- 2. I have provided Bnei Akiva with all information that is necessary for Bnei Akiva and its servants, agents and officers ("Staff") to plan safe and reasonable health care support for my child/ward during the duration of the Camp. This includes, if relevant, any activity modifications my child/ward may require for medical reasons.
- 3. I agree to inform Bnei Akiva and/or its Staff of any changes to my child/ward's health, not indicated on this form, at a time prior to the commencement of the Camp.
- 4. In the event of any accident or illness throughout the duration of the Camp, where contact with the child/ward's parent/guardian is impractical or impossible, I hereby authorise the obtaining on my behalf of any medical, surgical and dental assistance for my child/ward that a registered medical practitioner considers necessary. I further authorise qualified practitioners to administer anaesthetic to my child/ward if such an eventuality arises. I undertake to pay any medical or dental fees and/or cost incurred in this regard.
- 5. I understand that Bnei Akiva and its Staff will under no circumstances, be held responsible for any personal injuries, damage or loss to my child/ward and/or to his/her property that may occur: a) in the course of travelling to and from the Camp; and/or b) at the attendance of the Camp and/or throughout the duration of my child/ward's stay at the Camp; and I will not bring any action, claim, demand and/or proceedings on my child/ward's behalf against Bnei Akiva and/or its Staff in the event that any personal injury, damage or loss is sustained by my child/ward and/or to his/her property in such circumstances outlined in 5(a) and 5(b).
- 6. In the event that I bring any action, claim, demand and/or proceedings on my child/ward's behalf against Bnei Akiva and/or its Staff, I hereby indemnify Bnei Akiva and/or its Staff against all liability, loss and damage, cost and expense which Bnei Akiva and/or its Staff may sustain or incur arising from or in connection with any such action, claim, demand and/or proceedings.

Signed by parent/guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

## Payment Details

<b>Cost:</b>	<b>\$330</b>	<b>Donation to camp subsidy fund:</b>	<b>\$</b>																				
<b>Payment By:</b>	Cheque	Cash	Mastercard																				
<b>Cardholder Name:</b>																							
<b>Card Number:</b>	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td> </tr> </table>																						
<b>Expiry Date:</b>	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td> </tr> </table>																						
<b>Signature:</b>																							

## Medical Details

<b>Medicare No:</b>		<b>Ambulance Member No:</b>	
<b>Family Doctor:</b>		<b>Phone:</b>	
<b>Private Health Fund:</b>		<b>Membership No:</b>	
<b>Please sign below to authorise a medic to administer Panadol, ventolin or aspirin where appropriate.</b>			
<b>Please sign if you provide consent:</b>			
<b>Name of Parent/Guardian:</b>			
<b>If your child requires specific medication, which you have supplied, to be administered to your child at camp, please provide us with your consent for the medic to administer this medication in accordance with the instructions of your child's doctor or pharmacist or your instructions.</b>			
<b>Please sign if you provide consent:</b>			
<b>ALLERGIES (especially to medication):</b>			
<b>Date of Last Tetanus:</b>		<b>Asthmatic?</b>	YES NO
<b>Asthma Management Plan:</b>			
<b>Please state below if your child suffers from any illness or sickness and any other relevant medical information. All medication must be brought to the attention of the camp doctors, and will be administered by them.</b>			
<b>Signed by Parent/Guardian:</b>			<b>Date:</b>