

PRIVACY POLICY: Wirraway collects personal information from campers so that we can: 1) inform our staff of relevant personal health needs of students to protect campers from situations where allergies or health issues could result in unacceptable outcomes 2) contact parents/guardians in the event of an emergency. Information will be destroyed when no longer required.

CONFIDENTIAL

DATES OF CAMP.....

**WIRRAWAY HOMESTEAD YOUTH CENTRE
SCHOOLS APPLICATION FORM**

NAME OF APPLICANT *given name* **SURNAME** **M/F.....DOB.....**

ADDRESS.....

.....POSTCODE

PARENT/GUARDIAN PH.: (home) (mob/wk)

Please supply the following information: (tick boxes) Yes / No

- 1. Is the Applicant a **vegetarian**?
- 2. Does the Applicant suffer from any of the following?
 - Bee Sting Allergy
 - Epilepsy
 - Asthma
 - Bed Wetting
 - Penicillin Allergy


Other (including food allergies):

Other ailments which might impact your child at camp (especially related to joining in with organised activities)

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Please add additional information to the back of this form, if more room is needed

5. Year of last tetanus vaccination: 5. Medicare Number :



N.B. Please note that horse riding can be dangerous. Wirraway horses are chosen for their good temperament. However it needs to be recognised that a horse is a living animal with a will of its own, and it may act in an unpredictable fashion. It could bite, buck, kick, startle, trip or slip, etc. and put the rider or handler at risk of injury.

I, the undersigned, agree to the Applicant attending Wirraway Homestead Youth Centre for the period noted above, and agree to him/her participating in the activities provided by the Centre. These may include horse riding, archery, swimming, orienteering, flying fox, ropes course, climbing wall, trampolining, and other activities. The Applicant will be required to observe all necessary safety rules. I appreciate that there are risks involved in these activities, and that whilst every care will be taken, Wirraway, its staff and leaders or anyone connected with the camp, cannot be held responsible for personal injury, or loss or theft of property. I agree to advise Wirraway Homestead if the Applicant contracts any ailment, prior to the commencement of the camp, considered likely to be detrimental to the health of other campers. I authorise the Manager of Wirraway Homestead Youth Centre, his staff or leaders, to obtain for the Applicant all medical treatment and attention considered reasonably necessary, at my expense, provided I am notified of the circumstances and treatment required as soon as practicable.

SIGNED
(PARENT/GUARDIAN)

*Please note: Wirraway is **not** in a high fire risk area. However fire authorities recommend that in Fire Ban Periods people attending camps should take with them the following clothes: long sleeved shirt or jumper (not synthetic), long trousers and a hat.*