

Christian Youth Camp —Burleigh  
STUDENT CAMP REGISTRATION

Camper Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ P/C: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ M / F

School: \_\_\_\_\_ Year: \_\_\_\_\_

Church Affiliation: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_

(Work) \_\_\_\_\_

(Other) \_\_\_\_\_

Transport: (Please tick)

Bus from

- Centenary Pool
- Holland Park
- Beenleigh Transit Centre
- Mueller College, Rothwell

Bus return to:

- Centenary Pool
- Holland Park
- Beenleigh Transit Centre
- Mueller College, Rothwell

Other family members attending this Camp

I would like to be in a cabin with:

**CAMP FEES-** (A 10% discount applies for each additional child from the same family attending camps this summer.)

Cheque / Money Order (payable to "Christian Youth Camp")

Credit Card

- Mastercard  Visa

Cardholder name: \_\_\_\_\_

Card Number: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Expiry Date: \_\_\_\_ / \_\_\_\_

Amount: \_\_\_\_\_

Signature: \_\_\_\_\_

Campers Statement:

Please accept my application to attend the CYC Winter Camp. I agree to abide by the camp rules and respect the Camp Leaders authority.

Campers Signature: \_\_\_\_\_

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

Medical Information

Medicare Number \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Reference Number \_\_\_\_ Expiry date \_\_\_\_ / \_\_\_\_

When was your child last immunised against tetanus? Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Does your child have any allergies to food, penicillin or other drugs? YES / NO

Details: \_\_\_\_\_

Is your child a Vegetarian? YES / NO

Does your child suffer from any recurring illness or injury? YES / NO

Details: \_\_\_\_\_

Will your child be bringing medication to camp? YES / NO

Details: \_\_\_\_\_

Please specify any medication that the camper may be taking during camp. (Name and Dose).

May your child be given PARACETAMOL should the need arise? YES / NO

Is there anything else **AT ALL** that we should know about your child's medical history?

Swimming ability: (Please circle) None Little Good

Parents/Guardian's Statement

I wish my child to attend the CYC camp at Burleigh Heads and enclose the camp fee of \$ \_\_\_\_\_

I understand that the leaders and officers of the camp will exercise all the possible care, but will not be held liable for any injury or damage to person or property.

I authorise Christian Youth Camps to obtain medical attention if required, at my expense, and to notify me as soon as possible.

Parent / Guardian's Name: \_\_\_\_\_

Parent / Guardian's Signature: \_\_\_\_\_

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

**BOTH PARENT AND CAMPER'S SIGNATURES ARE REQUIRED ON THIS FORM.**

**IF BOTH SIGNATURES ARE NOT COMPLETED WE ARE UNABLE TO ACCEPT YOUR CHILD AT CAMP.**

Mail all registration forms to:

Camp Burleigh

PO Box 448

Burleigh Heads Q 4220

Tele: 07-5535 1324

Fax: 07-5535 3444

Email: [cyccampburleigh@bigpond.com](mailto:cyccampburleigh@bigpond.com)