

Join all the fun this summer! Be healthy, eat healthy and stay active! Campers will experience a variety of activities, allowing them to challenge themselves in a fun, safe environment, all with a "Fun & Fitness" theme.

Choose from the two different options—Residential Camp or Day Camp Only. Each day is packed with heaps of fun activities for everyone to enjoy!

- 1st Option: Residential Camp
- 3 Day Overnight Camp
- 5-16 years old
- December 20-22, 2010 (Mon-Wed)
- \$300 per camper
- Includes Day & Night Activities, All Meals & Accommodation
- 2nd Option: Day Camp Only
- Select day camper will be attending
- 5-16 years old
- December 20, 21 or 22 (Mon, Tue or Wed)
- \$68 per day (8:00am-6:00pm)
- Includes Day Activities & Meals (Morning Tea, Lunch & Afternoon Tea)

Don't miss out! Call and register now!

Sydney Olympic Park Lodge 1 Jamieson Street, Newington Armory Sydney Olympic Park NSW 2127 Ph. 02 9714 7345 Fax. 02 9714 7323 Email. admin.lodge@ymca.org.au www.sydney.ymca.org.au/lodge







Camp Enrolment Form & Medical Information

		Please fax: (U2) 9	714 7323			
Child's Name;			D.O.B; _	//	_ Age:	Male / Female
Parent 1 (Emergency	Contact) Name:			Mobile:		
- Parent 2 (Emergency	Contact) Name:					
	t about us? (please be specific);					
Can I room with?					(names fro	om same program)
Is anyone legally rest	tricted from seeing this camper? _					
Transportatio	n:					
Day Only Camp:	Own Transport—Arrive at 8	3:00am & Depart at 6:00լ	pm—Mon, Tue o	or Wed (please cir	cle which day(s) cam	per will be attending)
Residential Camp	p: Own Transport—Arrive a	t 10:00am on Mon, Dec 2	0th & Depart at	3:00pm on W	ed, Dec 22nd	
	& CARERS MUST BE PRESI	ENT AT THE TIME OF ARI	RIVAL AND DEP	ARTURE AT CA	AMP. NO EXCI	EPTIONS.
Payment:						
Camp Fee:	Residential Campers: \$3 (\$320 agency)	00 (Dec 20-22 - Mon - Wed)			(Dec 20, 21 or 22 - camper will be	Mon, Tue or Wed) attending)
Medical Infor	mation:					
Medicare Number:		Number on Card:			Ambulance Co	over: Y / N
Private Medical Cove	er; Y / N:	(details)				
Doctor's Name:			Phon	ne:		
Does your child suffer fr	rom: Any chronic injury or illness? Y / : Asthma? Y /	N: N:				(details) (triggers)
Does your child have an	y allergies? (eg drugs, food, plants) Y	/ N:				(details)
Does your child have an	y emotional/behavioural disorders? \	/ / N Phobias ? Y / N				
Does your child requi	ire medication? Y / N May we	administer Paracetamol if req	uired? Y/N If ye	es to medication a	n additional form	will be forwarded.
	or required medical attention in the last doctor in the last four weeks please attac					
Date of last tetanus i	injection:	(if your child's tetanus is not	current please see yo	our doctor)		
Does your child: We	et the Bed? Y / N	Sleepwalk? Y /	N	Suffer	travel sickness?	Y / N
Any other information	on that we should be aware of:					
Special Dietary Requi	irements?					(details)
Downt/Cupydia	an Canaant					

As parent / guardian I understand that the YMCA of Sydney and its instructors will take reasonable care for the welfare and safety of those attending the camp but are not responsible for any accident or sickness otherwise occurring. I acknowledge that going on camp may involve my child/ward's participation in activities of a hazardous nature, though the YMCA and its instructors will take reasonable care to minimise risk to participants.

I have detailed herein and on any attached pages any disabilities or susceptibilities affecting my child/ward, that may place him / her at greater than normal risk. I authorise the YMCA of Sydney and its instructors to obtain medical assistance and ambulance transportation in the event of illness or injury as they think necessary and authorise qualified medical practitioners to administer anaesthetic, blood transfusions or any other procedures deemed necessary. I also agree to pay all the cost of any expenses incurred as a result of such medical assistance and ambulance transportation. I acknowledge that I am able to obtain private insurance cover for my child/ward in respect of any accidents or sickness at the camp. Should my child/ward need to be returned home for any reason I will cover any associated costs. I consent to my child/ward attending camp on this understanding.

Signature of Parent / Guardian	Full Name of Parent / Guardian	Date

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Sydney Olympic Park Lodge Camp Medication Form (please fax to 02 9714 7323)

Child's Name:_

1,	(name of	parent / guardian) give permis	ssion for medication to be	
administered t to my child	d / ward.			
Dates to be Administered	d: From	to:		
Name of Medication		Dosage / Time to be administered		
•	ar with taking this medication?	YES/1		
· ·	your child / ward misses the alloca	ted time what steps would you	u like taken	
(eg. Administer straight a	way, call you, etc)			
Are there any special req	uirements with your child/ward's m	nedication?		
Name of Medication	Action to be taken if medication is r	nissed		
	must be clearly marked with child, st be in a blister pack as per attacl		structions for dispensing.	
We understand that while	e YMCA of Sydney staff instructors	e may be prepared to assist in	this matter the ultimate	
	us as parents / guardians.	s may be prepared to assist in	this matter, the ditiriate	
If there are any problems	s with the child / ward taking medic	cation, parents / guardians will	be contacted immediately.	
Signature:		(Parent / Guardian)		
Date:			YMCA	
			We build strong PEOPLE strong FAMILIES	

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Sydney Olympic Park Lodge **Camp Requirements for Medication**

Multiple Medications:-

If your child / camper requires more than one type of medication during camp, we require the medication to be administered in blister packs.

If you are not familiar with blister packs, they are available at most chemists for a small fee of \$3-\$5. The packs make the administration of medication much easier, particularly for those children on more than one type of medication, and those on several medications at different times throughout the course of the day.

As you can appreciate - camp is a very busy time, with many different children requiring many different types of medication. We are taking this step in an effort to make the process as simple as possible, and in order to ensure that our camper's needs are addressed appropriately.



Anaphylaxis & Epipens:-

If your child / camper is anaphylactic and required to carry an Epipen, we require that two (2) Epipens be sent to camp with your child.

Our procedure is that one Epipen stays with your camper at all times, and the other is held in the office in case of an emergency.

Also—please ensure that you provide us with a copy of the action plan.



General Notes About Medication:-

In order for us to professionally handle the medication for your camper, please ensure:-

- That enough medication is provided for the duration of the camp
- That all medication is appropriately labelled and packaged
- That medication is provided for all medical conditions including asthma etc.

Please note that we are not authorised to administer to your child / camper any medication that is not provided by you and is not accompanied by the appropriate instructions and consent forms.







Camp Guidelines

- Never leave camp or activity areas without permission from your Camp Counselor.
- All activities must be supervised by your Camp Counselor.
- Listen to and follow instructors guidelines and instructions.
- Closed in shoes be worn at all times.
- Respect male and female areas. Enter no room other than your own.
- Respect the natural environment. Please use the bins provided and do not damage the bush.
- No pocket knives, glass and valuables please.
- All accidents and damage to equipment must be reported.
- Wilful damage must be paid for by the individual involved.

- Respect others after lights out. There should be no need to leave your tent/room after lights out.
- Everyone is responsible for the ongoing cleanliness of their tents/rooms.
- Do not tamper with Fire Fighting equipment. Damage will incur a minimum charge to the individual of \$300.
- Do not enter out of bounds areas detailed upon arrival.
- Please do not run around the campsite.
- Activities are only to be accessed during allocated activity time.
- The food is plentiful, please refrain from bringing lollies etc. No gum please.
- Campers will not be allowed to bring electronic devices such as laptops, mobile phones, iPods and gaming devices.

Gear Checklist

- Track pants
- Blue jeans
- Athletic shorts
- Running Shoes (closed-toe)
- Sturdy comfortable walking shoes (closed-toe)
- Hat
- Sunscreen
- Insect repellent

- Sleeping bag & pillow
- Underwear and socks
- Towel/ Toiletries
- Plastic bag for wet/dirty clothes
- Change of clothes
- Sleepwear
- Torch
- Water bottle



