

ImpaKt 2009

Application and Parent's Consent Form

PARENTS – Please fill in all 3 pages



The Anglican Parish of Castle Hill

HOW TO REGISTER:

Post application and payment by
Sunday 7th December to:

IMPAKCT 2009
St Paul's Anglican Church
PO Box 1226
CASTLE HILL NSW 1765

OR

Hand in at the Registration Table at
Crossfire on Friday Night or in between
5pm and 7pm church.

CANCELLATION AND REFUNDS

More than 4 weeks before the camp:

All payments will be refunded, less a \$10 administration charge

Less than 4 weeks before the camp:

All payments will be refunded, less the \$50 non-refundable deposit

1. APPLICATION FORM

Camper's name:

Address:

..... Post Code:

Home Phone: Mobile:

Email:

Sex: DOB:

School: Year (2009):

Parents' Details	First Name	Last Name	Mobile Phone
Mother Stepmother Guardian			
Father Stepfather Guardian			

Cabin Groups: "If possible, I would like to be in the same group as:"
(No more than 2 names!)

.....

Previous ImpaKt's:
I have previously attended....

ImpaKt 2008

ImpaKt 2006

ImpaKt 2007

ImpaKt 2005

This is my first ImpaKt!

2. HEALTH FORM

Please answer all questions.
If further details are needed, please attach a separate list.

1. Has he/she been fully immunised against tetanus? Yes No

Date of last injection/ booster:

2. Is your child allergic to penicillin, or any other medication, insect, plant, food etc.? Yes No

Details (include treatment).....

.....

3. Is he/she on a special diet? Yes No
(If your child requires a special diet then you will have to fill out a separate form which will be mailed to your address upon receipt of this application form)

Details:

.....

4. Is there any other special personal or medical information that we need to be aware of? (E.g. suffers from asthma, fits, is on regular medication, has sleeping or behavioural difficulties etc.) Yes No

Details:

.....

.....

5. Swimming ability: Non swimmer / weak / average / strong

6. Medicare No:

Expiry Date:

Private Health Fund:

Membership Number:

3. PARENT'S CONSENT FORM

Please read carefully and sign below

" I,being the parent/guardian of give my consent for him/her to attend ImpaKcT 2009. I consent to his/her participating in all such activities associated with the camp, including (but not limited to) those activities indicated on the application form. I understand that personal accident insurance is the responsibility of the individual camper, and that St. Paul's Anglican Church, and its representatives, can accept no liability for injuries or other accidents. I give permission for medical aid to be sought for my child in the event of any accident or sickness. I agree to pay all such doctor's and hospital fees incurred on behalf of my child. I understand that photo/video footage may be taken during the camp, and will only be used responsibly for promotional purposes for ministry at St Paul's."

Signed: Date:
(Parent/guardian)

4. PAYMENT

Payment Details

Please calculate your fee and record your payment

1. Calculate Your Fee:

Discounts claimed:

Family Discount –

Second Family Camper: Take \$50 off total price

Third Family Camper: Take \$200 off total price

Subsidy Fund: Some campers are not able to pay the full fee. Are you able to make a donation to help? If so, please add to your actual fee \$_____

Full Fee = **\$375**

Total Discounts = _____

Actual Fee = _____

2. My Payment:

I have enclosed: Full payment of \$ _____ or Deposit of \$50

3. Payment Method

(Please place cash or cheque payments in an envelope with your name clearly marked. Cheques should be made payable to 'St Paul's Anglican Church.')

Cash

Cheque

Credit Card

Credit Card Authority: Please debit \$_____ to my Bankcard Visa MasterCard

Number _____

Name on Card _____ Expiry Date ____ / ____

Signature _____ Daytime Phone _____