



Edmund Rice Camps  
VICTORIA

# FAMILY CAMP APPLICATION FORM

ERC Incorporated: A15259X

Which camp are you applying for: \_\_\_\_\_

1. Parent Name: \_\_\_\_\_ Sex: M / F DOB: \_\_\_\_\_ Age on Camp: \_\_\_\_
2. Parent Name: \_\_\_\_\_ Sex: M / F DOB: \_\_\_\_\_ Age on Camp: \_\_\_\_
1. Child's Name: \_\_\_\_\_ Sex: M / F DOB: \_\_\_\_\_ Age on Camp: \_\_\_\_
2. Child's Name: \_\_\_\_\_ Sex: M / F DOB: \_\_\_\_\_ Age on Camp: \_\_\_\_
3. Child's Name: \_\_\_\_\_ Sex: M / F DOB: \_\_\_\_\_ Age on Camp: \_\_\_\_
4. Child's Name: \_\_\_\_\_ Sex: M / F DOB: \_\_\_\_\_ Age on Camp: \_\_\_\_
5. Child's Name: \_\_\_\_\_ Sex: M / F DOB: \_\_\_\_\_ Age on Camp: \_\_\_\_
6. Child's Name: \_\_\_\_\_ Sex: M / F DOB: \_\_\_\_\_ Age on Camp: \_\_\_\_

### Family details:

Address of family: \_\_\_\_\_

Suburb: \_\_\_\_\_ Post Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

What is the main Language spoken at home? \_\_\_\_\_

Name of Children's Next of Kin:(Not on camp) \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Name of Parent's Next of Kin:(Not on camp) \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

### Agency Details:

Name of Sponsoring Agency: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Agency Postal Address: \_\_\_\_\_ Post Code: \_\_\_\_\_

Agency Phone: \_\_\_\_\_ After Hours Phone: \_\_\_\_\_

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

Completed other Edmund Rice Family Camp? YES /NO (circle) If so, when: \_\_\_\_\_

**\*\*If an after hours phone number is not available from the sponsoring agency please call Mark at the ERC office before lodging this form to discuss other arrangements, otherwise your application will not be accepted. \*\***

Edmund Rice Family Camps are designed to provide an opportunity for families to spend quality time together, in a relaxed atmosphere, with the support of one young adult volunteer per child. If you have any questions please contact the ERC office on 9439 6142 or visit our website [www.ercvic.com](http://www.ercvic.com).

**EDMUND RICE CAMPS PARTICIPANT MEDICAL, PRIVACY AND PERMISSION FORM**

This report is compiled to assist Edmund Rice Camps staff in the eventuality of any illness or accident on camp. **Questions 1 - 9 MUST be completed for each family member.** This information is held by the camp captain. Please be as specific as possible in your responses.

**1. Participants Full Name:** \_\_\_\_\_

**2. Dietary requirements of participant: (For example; vegetarian, food allergies)** \_\_\_\_\_

**Date of last Tetanus Shot?** \_\_\_\_\_

**3. Please tick the appropriate box if this participant suffers from the following:**

- |  |                                       |  |  |
|--|---------------------------------------|--|--|
| <input type="checkbox"/> Bed Wetting     | <input type="checkbox"/> Seizures     | <input type="checkbox"/> Dizzy Spells    | <input type="checkbox"/> Asthma        |
| <input type="checkbox"/> Travel Sickness | <input type="checkbox"/> Sleepwalking | <input type="checkbox"/> Hearing Loss    | <input type="checkbox"/> Hay Fever     |
| <input type="checkbox"/> Headaches       | <input type="checkbox"/> Diabetes     | <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Fears/Phobias |
| <input type="checkbox"/> Sight Loss      | <input type="checkbox"/> Black Outs   | <input type="checkbox"/> Soiling         | <input type="checkbox"/> Other         |

If Yes, please give details: \_\_\_\_\_

**4. Please tick the appropriate box if this participant has allergies to any of the following:**

- |                                     |   |   |                                |
|-------------------------------------|---|---|--------------------------------|
| <input type="checkbox"/> Penicillin | <input type="checkbox"/> Specific Foods | <input type="checkbox"/> Food Additives | <input type="checkbox"/> Drugs |
|-------------------------------------|---|---|--------------------------------|

Other If Yes, please give details: \_\_\_\_\_

**5. Does this participant have any chronic illness, medical condition or physical restriction?** YES /NO (circle) If Yes, please \_\_\_\_\_ give \_\_\_\_\_ details: \_\_\_\_\_

**6. Please tick the appropriate box if this participant has any of the following disabilities:**

- |  |  |                                     |
|--|--|-------------------------------------|
| <input type="checkbox"/> Autism                  | <input type="checkbox"/> Aspergers Syndrome    | <input type="checkbox"/> ADHD / ADD |
| <input type="checkbox"/> Intellectual Disability | <input type="checkbox"/> Physical Disability   | <input type="checkbox"/> ODD        |
| <input type="checkbox"/> Mental Health/ Illness  | <input type="checkbox"/> Acquired Brain Injury | <input type="checkbox"/> Other      |

If Yes, please give details: \_\_\_\_\_

**7. Please tick the appropriate box if this participant needs help with any of the below:**

- |                                     |                                    |                                  |
|-------------------------------------|------------------------------------|----------------------------------|
| <input type="checkbox"/> Bedtime    | <input type="checkbox"/> Toileting | <input type="checkbox"/> Hygiene |
| <input type="checkbox"/> Meal Times | <input type="checkbox"/> Showering | <input type="checkbox"/> Other   |

If Yes, please give details: \_\_\_\_\_

**8. Please tick which box best describes this participant's ability to swim:**

- |                                    |                                      |
|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Excellent | <input type="checkbox"/> Good        |
| <input type="checkbox"/> Poor      | <input type="checkbox"/> Non swimmer |

Further comments: \_\_\_\_\_

**9. All prescribed medication is to be stored in a Blister Pack or Dosette Box that is clearly labeled. If this participant is on medication please list below:**

Medication Name	Dosage							
	Before B/Fast	B/Fast	Other times	Lunch	Other times	Dinner	Other times	Bedtime

Further Comments/Side Effects: \_\_\_\_\_

**Questions 10 – 13 only need to be completed once for each family.**

**10. Please outline your family’s medical contacts details.**

Medicare No: \_\_\_\_\_ Expiry Date: \_\_\_\_\_  
Private Health Cover.  
Name of fund: \_\_\_\_\_ Membership No: \_\_\_\_\_  
Health Care Card No: \_\_\_\_\_ Expiry Date: \_\_\_\_\_  
Ambulance Subscription: YES / NO (Circle) Ambulance Member No: \_\_\_\_\_  
Family Doctor’s Name: \_\_\_\_\_ Doctor’s Phone No: \_\_\_\_\_

**11. Are there any recent or ongoing situations at school, work or home which may have some impact on your family during camp?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**12. Is there any helpful information that our leaders need to know, that can ensure your family has an enjoyable camp experience?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**13. Are there any ongoing behavioural issues with any family members? If so please attach a detailed behaviour management plan.** \_\_\_\_\_  
\_\_\_\_\_

**PRIVACY**

Does Edmund Rice Camps Inc. Victoria have your permission to reproduce any photographs, video footage and/or audio recordings taken on the camp of your child, in any of our publications and website, on the understanding that no names are to be used without your authorisation? (Please tick)

	YES	NO
Photographs	<input type="checkbox"/>	<input type="checkbox"/>
Video Footage	<input type="checkbox"/>	<input type="checkbox"/>
Audio Footage	<input type="checkbox"/>	<input type="checkbox"/>

**PERMISSION TO ATTEND AND MEDICAL AUTHORITY**

I ..... being parent/guardian of ..... do give permission for him/her to engage and participate in this Edmund Rice Camp and the activities offered. I further authorise that any duly authorised agents of Edmund Rice Camps Inc in the event of any accident or illness and where it is not possible or reasonable to obtain my consent at the time to engage any medical practitioner or hospital facilities or accommodation and in this event I agree to pay all such ambulance, doctor, nurse or hospital expenses.

*I have read and I accept the above conditions and disclaimer relating to participation in Edmund Rice Camps Inc. Victoria programs and I give my permission for my son/daughter to take part in them.*

**Signed** ..... **Date** .....  
*(Parent/Guardian)*

**FAMILY FORMS THAT HAVE NOT BEEN COMPLETED IN FULL WILL NOT BE ACCEPTED FOR PROCESSING. WE ARE ALSO UNABLE TO ACCEPT FAXED FORMS.**

Post all forms to: Edmund Rice Camps, 7 Amberley Way, Lower Plenty 3093.



Edmund Rice Camps  
VICTORIA

## Edmund Rice Camps Inc

ABN 78 403 166 367

7 Amberley Way  
Lower Plenty VIC 3093  
P • 9439 6142  
F • 9439 6969  
[ercvic@edmundrice.org](mailto:ercvic@edmundrice.org)  
[www.ercvic.com](http://www.ercvic.com)

### *FAMILY AND AGENCY AGREEMENT* **(Family Camps Only)**

Edmund Rice Family Camps are designed to provide an opportunity for families to spend quality time together, in a relaxed atmosphere, with the support of young adult leaders. These camps are not designed to provide respite for parents - all activities are geared toward whole family involvement.

**Participating families would be suitable for these camps if they:**

- Are socially, culturally or economically disadvantaged.
- Are seeking support to strengthen family relationships.
- Would like opportunities to access natural environments and recreational activities.
- Would like opportunities to experience positive peer relationships
- In need of “time out” from home, school or environmental situations

**Agency responsibilities in referring families to ERC are as follows:**

1. All information, which may affect the participation of the family, or its individual members, in the camp program, should be forwarded to ERC at the time of referral. This includes information regarding any current or recent protective concerns. All information will be kept in confidence by the ERC staff and the delegated Camp Executive and will be destroyed at the conclusion of the camp.
2. Business hours and after hours contact numbers for family and caseworkers should be provided with the application form.
3. Should the family or individual members, need to be removed from the camp, it is the referring agency’s responsibility to provide transport for them.
4. A Family group must include at least one parent
5. All workers must contact the Executive Officer if they wish to refer families who are being assisted for the purpose of family reunification prior to making a referral

**Disclaimer**

I understand that not everyone attending camps operated by Edmund Rice Inc is required to complete a Working with Children Check under the *Working with Children Act 2005* (Vic) (or equivalent legislation), or to provide Edmund Rice Camps Inc with a Police record check.

I understand that it is my responsibility to supervise my child (including any child for whom I am the responsible guardian) during his or her time at any camp operated by Edmund Rice Camps Inc whenever my child is not with a camp volunteer or staff member.

Subject to any law to the contrary, and to the maximum extent permitted by law, I acknowledge and agree on my own behalf and on behalf of my child that Edmund Rice Camps Inc and its servants, agents officers and volunteers will under no circumstances whatsoever be liable or responsible in any way for any personal injury (including, without limitation, any injury arising from sexual or physical abuse of any other kind by any person attending the camp in any capacity), damage or loss suffered by me or my child that may occur during any camp operated by Edmund Rice Camps Inc, whether resulting from any negligence, default, or lack of care or otherwise, and I will not make any claim either on my own behalf or on my child's behalf against Edmund Rice Camps Inc or any of its servants, agents officers or volunteers in the event that any personal injury, damage or loss is suffered or incurred by me or my child.

I have read and accept the above conditions relating to participation in Edmund Rice Camps Inc. Victoria programs

**Signed**.....  
(Agency Worker)

**Signed**.....  
(Participating Parent/Guardian)

**Name** .....

**Name** .....

**Date** .....

**Date** .....