

REGISTRATION FORM FOR CAMP KOOKABURRA PROGRAM

Invitations to camps and other activities will be sent to you separately.

	Child's Surname	First Name	Date of Birth	Name of School	Current Grade
<input type="checkbox"/> M <input type="checkbox"/> F					
<input type="checkbox"/> M <input type="checkbox"/> F					
<input type="checkbox"/> M <input type="checkbox"/> F					

ADDRESS AND CONTACT DETAILS

Address: _____ Post Code: _____

Home Phone: _____ Mobile: _____

Parent / Guardian Name: _____ Relationship to child: _____

Email Address: _____

Can you please provide us with some information about the Mental Health issue affecting your family.
E.G. Which family member has the illness and what is it, how your children have been affected and any other comments.

• How did you find out about the Camp Kookaburra Program?

• If you have been referred to this program, by a service please complete the following.

Service Name	Contact Person	Phone Contact

or please provide a name of a health professional (GP, family support worker) or agency that provides support to your family that we can contact in relation to this registration.

Service Name	Contact Person	Phone Contact

Health Information

Medicare Number		Expiry Date	
Family Doctor		Phone Number	

Special Needs:

Does your child have any special needs that could affect their participation in the program?

E.G: behaviour problems, problems with self care, coordination problems or recent emotional situations.

- Not applicable.
- Yes my child has special needs.
Please give details:

Parent / Guardian Consent:

Please consent to the following in order to register your child to the program.

Please tick to show your consent.

- I understand that registration to the Camp Kookaburra Program does not guarantee a position to all camps and activities.
- I understand that the Camp Kookaburra volunteer leaders will do everything possible to ensure my child's comfort and safety whilst they are under their supervision. However, the leaders and Camp Kookaburra management committee will not be held liable for any accident, sickness or damage to my child's property which may occur due to circumstances beyond their control.
- I understand that if there is a serious safety concern about my child or another family member the Camp Kookaburra Management committee must contact the appropriate agency.

Unless specified below I'm happy for my child's photo to be used in material promoting the Camp Kookaburra Program.

Please do not use my child's photo for the purpose of promoting Camp Kookaburra.

Note: All Camp Kookaburra forms are kept confidential.

Parent / Guardian Name: _____

Parent / Guardian Signature: _____

Date: / /

This registration will be reviewed by the Camp Kookaburra Management Committee and you will be notified if your child has been accepted into the Camp Kookaburra Program.

**Please return this form to: Camp Kookaburra Inc.
 PO Box 681
 GyMEA NSW 2227**