



Christian Life Week (CLW) Application Form

Please complete both sides of this form and return to:

Jess Westphal, 7 The Glades, Taylors Hill, 3037

Any Further Questions, please contact Jess on (03) 9307 2470

Section 1: Camp Details

CLW Blue: 28th June - 2nd July

First Christian Life Week (CLW)?

CLW Green: 20th - 24th September

Yes No

*Please indicate camp

CLW Yellow: 27th September - 1st October

Section 2: Camper's Details

Male Female

Name DOB:

(Please use preferred first name)

Address Age

Town/Sub State Postcode

Phone: Hm Mob

Email (for camper)

Section 3: Camper Parent/Guardian Details (if camper under 18)

Name of Parent(s) or Guardian(s)

Phone: Hm Wk Mob

Section 4: Medical Details

Please attach a separate sheet if further details are required

Allergies/Disabilities/Special conditions No Yes (Please specify)

Medication you will be taking on camp

Dietary requirements

Medicare number Expiry date

Ambulance subscriber Yes No

Family doctor/medical clinic Ph.

Does camper suffer from asthma? Yes No

Does camper suffer from anaphylaxis? Yes No

If yes to either question, please attach a further sheet, detailing any known triggers as well as a suggested treatment plan

Section 5: Emergency Contact Details

MUST be available 24 hours every day during camp, and different from parent/guardian

(This person will be contacted in the event of an emergency if the parent/guardian is unable to be contacted)

Name Relationship to camper

Phone: Hm Wk Mob

Section 6: Church Fellowship

Are you currently attending a church?

Yes, regularly Yes, occasionally No

Name of the church you attend most often

Section 7: Transport to Camp

I am able to provide transport for others from for people

I would like info on transport options from

Section 8: Payment Details

Cost

Direct deposit into LYV account is available. For more information regarding this facility, Please contact JESS WESTPHAL on **(03) 9307 2470** or **clw.admin@lyv.org.au**

TOTAL \$ Enclosed fees *(Cheques payable to the 'LYV')*

(As the LYV is a non-profit organisation we do not charge GST on our camp fees. ABN: 66168021429)

Please note: Your place on camp is not confirmed until we receive full payment

Section 9: Consent and Signatures

I understand that all reasonable care will be taken by the LYV, its coordinator(s) and leaders and I accept full responsibility for any injury or illness in the case of accident or other untoward incident. I give the event coordinator and other leaders authority to take any action deemed necessary for my welfare, including seeking medical attention on my behalf and calling for an ambulance. I recognise that I will bear the cost of any such treatment. I also agree to conduct myself in a Christian manner and understand that my involvement is conditional upon complying with such rules as set out by the LYV and event coordinator. I acknowledge that I will be responsible for any breakages that I may cause.

LYV PRIVACY POLICY STATEMENT: 1) The LYV collects personal information about you, including sensitive information so that you may attend the event. Some of this information is to satisfy our legal obligations and to properly discharge our duty of care. 2) Information of a sensitive nature is only held by the event co-ordinators or their nominees. 3) The LYV may include your contact details in a participant listing provided to leaders and other event participants. 4) The LYV may, from time to time, use the information we have collected to contact you about future events, activities, or other promotions of the LYV. 5) You may contact the LYV to view, update or change your information at any time. **6) If you do not wish your contact details to be included in participant listings tick the following box []** **7) If you do not wish to receive mailings, as outlined in point 4 above, tick the following box []** **8) If you do not wish to have photos in which you are pictured at LYV events published in reports or promotions of the LYV tick the following box []**

9) We will not disclose your personal information to 3rd parties for their own marketing purposes without your consent.

10) To read a full version of the Lutheran Church of Australia's Privacy Policy go to www.lca.org.au

Camper signature

Date

PARENT: I acknowledge that my child understands the terms above and that these responsibilities also lie with me.

Parent signature (if camper is under 18)

Date

LYV ADMIN USE ONLY

Reply sent Database

DATE RECEIVED

FEES PAID

OWING