

School Holiday Camps Just for Kids



Parents, don't want to hear those all too familiar words in January yet again –
“I'm bored ... there is nothing to do”?

livALIVE™ has the solution for you...

- ◆ livALIVE™ will host three camps for 3 days / 2 nights at Camp Mornington in Wakeup (near Harvey) from 6-8, 13-15 & 27-29 Jan
- ◆ Two age groups available: 8-12 and 13-17.
- ◆ The cost is just \$400 Per Child (\$450 for non-livALIVE™ members)
- ◆ Limited spots are available
- ◆ Limited Free spots for livALIVE™ members joining before January (First in best dressed)
- ◆ All meals, accommodation, activities and transport included
- ◆ **Guaranteed Fun!**

For further information about the camp facility and activities

visit www.campmornington.com.au

(Full camp itinerary available on request)



Register your interest by contacting Gillian Dobbins

gillian.dobbins@gmail.com

0437 221 794

Registration Form – School Holiday Camp – Mornington

YOUNG PERSONS' DETAILS

Name: _____ Date of Birth: / / _____

Address: _____ Postcode: _____

Telephone no. mobile: _____ Work: _____

email: _____

Name of family doctor: _____ Telephone no: _____

Medicare Number: _____ Expiry Date: / / _____

Guardian's full name: _____ **Contact:** _____

Relationship with Youth: _____ **Address:** _____

Medical details

Is he/she subject to seizures, fainting, epilepsy, diabetes or any condition that may affect his or her safety during the course, activity, excursion or program Yes No

If "yes", please give details:

Is the young person allergic to:

Penicillin Yes No (Please give details) _____
Any other drug Yes No _____
Any food Yes No _____
Other Yes No _____

Medication

Guardians are requested to make arrangements with the activity supervisor for the safekeeping and handling of medications prior to the activity.

Is the youth presently taking tablets and/or other forms of medication? Yes No

Does your child self-administer the medication? Yes No

If "yes", state name of medication, dosage and frequency of use:

Other information

Please provide any other information about your child which will enable the organisers to provide better care for your child.

PROGRAM ENTRY CATEGORY (PLEASE TICK) ART/DRAMA COOKING WRITING

I give permission for my child to take part in PCYC activities at Camp Mornington. I give permission for staff to take such steps as necessary to ensure the safety of my child. I understand that staff will make every reasonable attempt to contact me but I give permission for them to seek emergency medical aid in my absence. I am aware that any costs incurred as a result of accident or illness are my responsibility and that staff are not responsible for any loss or damage to my child's personal property that may occur during the course of the camp.

Guardian's Signature: _____ **Date:** / / _____

PAID: DIRECT DEPOSIT CHEQUE CASH ONLINE (at www.wapcyc.com)