

## Indemnity Form

This declaration MUST BE SIGNED by the Camper's parent/legal guardian. I, the undersigned, approve of this application, and in doing so agree that the Camp Organizers, its officers and servants, are to be free and clear of all responsibilities whatsoever for any accident, illness or loss or damage of personal property, during the camp activities connected with this above application. I further authorise the above camp organisers to obtain such medical assistance as is required, and agree to meet any expenses attached there to.

Signature of Parent/Legal Guardian: \_\_\_\_\_  
[or self 18+ Camp Leader]: \_\_\_\_\_

### Please tick

\$230 I apply for camp 'Woodshed'  
I include a \$\_\_\_\_\_

donation to provide needy youth with the opportunity to have a similar experience.

Total : \$

Our Salesian Camps are GST free for you ABN 62 009 477 918 Salesian Society Inc.

*We assume permission is given for children's photographs to be used for promotional purposes unless otherwise stated.*

## Contact Info

For more information *before* camp:

### Camp Coordinators:

**Erin Manuel:** Mobile: 0412 672 256

Home: 6142 2212

**Email:** erin.manuel@gmail.com

**Olivier Pilot:** Mobile: 0400 178 938

Home: 9454 5046

**Graham Maher:** Mobile: 0418 979 600

Home: 9495 1919

For contact *during* camp:

### Nanga Camp Caretaker:

[08] 9538 1300 phone/fax. Please only call if really necessary. A pay phone is available.

**Mobile phones are out of range.**

## Camp forms

*Camp forms MUST be returned no later than 31st of December 2011.*

Please make **cheques** payable to

**W.A. Young Salesians.**

All fees and donations will be acknowledged and receipted. Please return completed application & medical form with a **stamped self-addressed** envelope to:

Erin Manuel  
13 Nyandi Ct  
Thornlie 6108



## West Australian Young Salesians

# Summer Camp



5 day fun-filled camp for 12-15 year olds with a Christian background.

From 9th-13th of January 2012

## What?

Lots of fun indoor and outdoor games and activities including:

Swimming, rafting, lantern stalk, war-games, free-time, outings, disco, Pictionary, table groups, concert, Camp Masses and lots of fun challenges.

## Where?

'Nanga Bush Camp' on the Murray River, Nanga Rd, via Dwellingup.

www.nangabush.com

## When?

Monday 9th- Friday 13th of January 2012

## How Much?

\$230 includes all meals and transport.

## What should I Bring?

Lunch for the first day, sleeping bag or sheets and blanket (pillow provided), summer clothing, bathers, sportswear, warm clothes for evenings, personal toiletries, towel, sun-screen, hat, band-aids, prescribed medication, drink bottle & ideas for concert and lots of energy (optional: torch, sunglasses)

## What not to Bring!

Valuables which could be lost, stolen or damaged. Alcohol, illicit drugs or pornography.

## Tuck-shop

\$20- \$25 Max can be brought for purchases at the Camp tuck-shop. Money must be handed in at the start of camp and change will be returned at the end of camp.

## Transport

### Departure:

Buses will leave from St Joachim's Church 122 Shepperton Rd, [cnr of Harper St] Victoria Park At 9:30am on *Monday* 9th of January

### Return:

Buses will return to St Joachim's at approximately 5pm *Friday* 13th of January.

\*\* If alternative arrangements need to be made please contact camp coordinators.

## Leaders

Youth leaders: trained and experienced in youth camps with First Aid, Bronze Medallions and Working with Childrens Cards. Salesian Mentors, co-operators, volunteers and Priest will also be present at camp.

# Application Form

PLEASE USE BLOCK LETTERS

Camper's Name:	M/F
Address:	
	Postcode:
Phone [home]:	
[work or mobile]:	
[emergency]:	
Camper's email:	
Date of Birth: ___ / ___ / ___	Age on Camp: ___

**IMPORTANT:** Campers names will not be added to camp attendance list until both form & money are received

### MEDICAL INFORMATION

The following information will assist the staff in their safe running of the camp. It is your interest to answer the questions honestly and accurately. Please attach a medical action plan if appropriate.

Applicant's Medicare No: \_\_\_\_\_

Have you had an anti - tetanus injection?

Date of last injection: \_\_\_ / \_\_\_ / \_\_\_

Do you suffer from asthma, hay fever, etc? \_\_\_\_\_

Do you suffer from epilepsy? [circle any]

Are you diabetic?

Are you allergic to any drugs?

Will you be taking any medication during Camp?

If so please list:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Swimming Level: \_\_\_\_\_

Is there any other information which you feel the camp Organisers should know? If so please list: eg. Sleep-walker, heart condition, diet requirements....

\_\_\_\_\_

\_\_\_\_\_