



The Rotary Clubs of Esperance and Esperance Bay

Adventure Camp Esperance 2017

"Exploring Possibilities"

Sunday 16 April to Saturday 22 April 2017, at the Esperance Anglican Community College Boarding House

Hosted by the Rotary Clubs of Esperance, District 9465

Your photo

Camp Friend Nomination Form

(Please attach a photograph of yourself)

PERSONAL DETAILS

Surname: _____ First Name: _____

Preferred Name: _____ Date of Birth: _____

Sex: _____ Chest size for camp T-shirt: _____

Home address: _____

Suburb: _____ State: _____ Post Code: _____

Phone (H): _____ Mobile: _____ Email: _____

Current Employment: _____

What other language do you speak?

Interests/Hobbies: _____

MEDICAL HISTORY

Please list any medical/ health conditions: _____

Known Allergies (e.g. insect bites, peanuts, sticking plaster, medications such as penicillin):

Doctor's Name: _____ Phone No: _____

Address: _____

Medicare No: _____ No. on card: _____

Do you have private health insurance? YES / NO.

If YES, please provide fund name: _____

Approx Date of last Tetanus Injection: _____

EMERGENCY CONTACT PERSON

Surname: _____ First Name: _____

Relationship to You: _____

Home Address: _____

Suburb: _____ State: _____ Post Code: _____

Phone (H): _____ Phone (W) : _____

Mobile: _____ Email: _____

Will they be away from their home during the period 16 - 22 April 2017? Yes / No

SUPPORTER ASSESSMENT QUESTIONNAIRE

(Please answer all Questions)

Have you been a Supporter at a previous Camp for People with Disabilities?	YES / NO	IF YES - please provide details
Have you previously worked as a carer for a person with a disability or impairment?	YES / NO	IF YES - please provide details
Are you willing to participate in all Camp Activities?	YES / NO	IF NO - what can you not participate in?
Do you have any dietary requirements?	YES / NO	IF YES - please provide details
Do you hold a Current First Aid Certificate?	YES / NO	IF YES - please provide details (SJA/Surf Club/ RLS
Do you hold a current Pool Lifeguard Certificate?	YES / NO	IF YES - please provide details
Do you have a current Police Clearance?	YES / NO	If YES please provide a copy.

Do you take any regular medication? (Please ensure your medication is kept in a locked cabinet whilst on Camp or provide to the Camp Nurse or First Aider.

Medication	Dose (ml,mg, number of tablets)	Times when taken	Special instructions

Adventure Camp Esperance 2017 Conditions:

- No alcohol or drugs (other than prescription medication) are permitted at Adventure Camp
- No smoking is permitted on Camp grounds
- The use of bad or inappropriate language will not be tolerated on camp
- Successful nominees will be advised directly by the Adventure Camp Committee
- **It is your responsibility to arrange transport to and from the Camp.**

DISCLAIMER

Adventure Camp Esperance Committee and Support Workers (Friends) are all volunteers who give their time freely to assist the Campers. All activities and procedures at Adventure Camp are examined for risk management implications.

"I acknowledge that I attend Adventure Camp 2017 entirely at my own risk and agree that neither Rotary International nor any servant or agent of Rotary International (including any voluntary worker carrying out honorary duties or unpaid duties for Rotary International) shall in any circumstances whatsoever be under any liability to the applicant for any loss, damage or injury of whatever kind arising directly or indirectly from any act or default (whether negligent or otherwise) on the part of Rotary International or such servant or agent while acting in the course of or in connection with their employment or provision of services to or for Rotary International.

I authorise the Rotary Clubs of Esperance Camp 2017 Nurse/First Aid Officer/ Organisers to provide emergency medical care at my own cost, if there is not sufficient time to contact the nominated emergency person. While we will have a Camp Nurse or First

Aider on site, we are not a high care organisation and generally we, the Rotary Volunteers and Camp Support workers are without nursing or medical experience.

I authorise and agree the Camp Committee to use any photographs or any other material relating to me in any advertising or other marketing material used by Rotary for the purpose of promoting future Adventure Camps Esperance.

I agree that I will not place any photograph of or other material relating to any person who attended Adventure Camp Esperance 2017 on Facebook or Twitter or any other electronic media or on or in any hard copy media for business or personal reasons unless and until you have the written authority of the person who appears in the photograph or material **and** the Adventure Camp Esperance Committee.

I agree that I will not otherwise make any photograph or other material relating to any person who attended Esperance Adventure Camp available to be seen by the general public by any means unless and until I have the written authority of the person who appears in the photograph or material **and** the Rotary Clubs of Esperance Adventure Camp Esperance 2017 Committee.

Signed: ----- Date: -----

Name: -----

NOMINATIONS TO BE FORWARDED TO:

ESPERANCE ADVENTURE CAMP 2017
The Rotary Clubs of Esperance
Post Office Box 616
ESPERANCE WA 6450

NOMINATIONS CLOSE AT 5.00pm ON 14 JANUARY 2017

Signed: Please print name:

Date :.....

Committee Use Only

Date Form Received : _____ Application Accepted: YES / NO

Applicant Notified (Date): _____

Police Clearance provided? _____