



37 Spring Gully Road
Piccadilly SA 5151
phone 08 8370 1500
fax 08 8370 1511
bookings@activeed.com.au
www.activeed.com.au

Christmas Capers Holiday Camp 2010

Activities

- **Craft & Cooking Sessions** – *Get creative making a selection of Christmas treasures.*
- **Water Activities** - *A jam packed afternoon of activities using water including a Slip & Slide*
- **Challenge Hill** - *An enjoyable on site obstacle course to test the campers physically*
- **The Christmas Journey** – *A series of active group games and challenges*
- **Christmas Party**
- **Night time Activities: *Night walk, Movie night***

And much much more...

What to bring

Your information package will provide more details about what to bring & what not to bring to the holiday camp.

Supervision

Campers receive constant supervision from Active Education staff and volunteers who all hold current police checks

3 Day camp Includes: 2 Nights Accommodation at Woodhouse Campsite, Adelaide Hills, 3 days of programmed activities and Meals.	\$200.00 incl Gst
Day Attendance (9-5) Includes: Entry to Woodhouse, Activities, Meals	\$40 incl Gst

Payment Details

Full payment required 1 week prior to camp commencement

Discounts

The first 25 Campers to be registered receive a 25% Discount

Register 2 or more children to receive a discount of 10% off each camper's fee

Pay in full at time of registration to receive a 10% discount

*Please note: only 1 discount offer applies

Cancellation Policy:

Bookings may be cancelled up to two weeks prior to the camp without penalty.



Christmas Capers Holiday Camp 2010



	Wednesday	Thursday	Friday
BREAKFAST		Bacon & Eggs Cereals & Toast	Pancakes Cereals & Toast
Morning	Campers arrive at Woodhouse Campsite (Piccadilly) from 9.00am	Christmas Craft & Cooking	Campsite Cleanup
	Meet & Greet (includes camp rules, move into dorms etc)	Morning tea	Morning tea
	Fun session of getting to know the other campers	Christmas Craft & Cooking	FUNN active games or Finish off crafts
LUNCH	Sandwiches	Pizza Subs	Sausage Sizzle
Afternoon	The Christmas Journey Games	Water Activities Afternoon	Challenge Hill
	Afternoon tea	Afternoon tea	Afternoon tea
	Christmas Craft & Cooking	Water Activities Afternoon	Challenge Hill
	Supervised Free Time	Supervised Free Time	Campers to be picked up by 5.00pm
TEA	Chicken Schnitzel & Chips	<u>Christmas Dinner</u> Roast	
Evening	Night Walk	Movie Night	
	Games Night		

Holiday Camp Application Form (December 2010)

Please fill out one application per child:

Child's Full Name: _____

Address: _____

Phone: _____ Mobile _____

Email: _____

Gender: _____ Age: _____

School: _____ Grade: _____

How did you find out about the Active Education Holiday camp?

Program Choices (Please select option)

<input type="checkbox"/> Wed - Fri 15 - 17 Dec 2010	3 Day camp Includes: 2 Nights Accommodation at Woodhouse Campsite, Adelaide Hills, 3 days of programmed activities and Meals.	\$200.00 incl Gst
<input type="checkbox"/> Thursday <input type="checkbox"/> Friday	Day Attendance (9-5) Includes: Entry to Woodhouse, Activities, Meals	\$40 incl Gst

Feel free to ask about our discount offers

Payment Options

Pay a non-refundable deposit of \$50.00 now (Balance due 1 week prior to camp.)

Pay in full at the time of registration.

Payment Type

I have enclosed a Cheque— Made payable to “Active Education”

I have made an EFT Payment – BSB 015-367 Account No 487783595

* Please use your child's name as the Reference.

Please fax or post form to the office

Please return the completed form to:

Active Education, 37 Spring Gully Road, Piccadilly SA 5151

FAX: 83701511

Upon receipt of your payment, an information pack will be emailed to you.

Parents/Guardians Declarations

I (the undersigned) :

_____ (your name)

As a parent/guardian
of:

_____ (student's/child's name)

Give my consent for my child to participate and in signing this form I agree to the following

- To delegate my authority to supervising instructors to take whatever disciplinary action they deem necessary to ensure the safety, well-being and successful conduct of the campers as a group and individually.
- To supply health care information my child requires to undertake the activities safely. I also consent to my child's doctor or medical specialist being contacted in an emergency.
- For Active Education Staff to issue the medications, according to the instructions on the bottle or container as provided by me.
- To authorise you to obtain medical/ambulance assistance if required
- To authorise Active Education to arrange whatever medical or surgical treatment a registered medical practitioner considers necessary. I will pay all medical and dental expenses incurred on behalf of my child.
- For my child to participate in outdoor activities, including excursions from the campsite (eg. Bushwalks)
- For my child to be transported by private vehicle should the need arise.
- To arrange the immediate collection of my child from the camp if the camp director determines that my child's behavior is unacceptable.

and in so doing agree that the Camp organisers, it's employees and volunteers shall not incur any responsibilities whatsoever for any accident, illness or loss of personal belongings during the applicant's participation in any activities connected with the camp to the full extent permitted by law.

Parents or Guardians Name: _____

Signature: _____ Date: ____/____/____



December Holiday Camp 2010



Medical Information Request Form (December 2010)

A parent or guardian **MUST** complete this form. Use a separate form for each child. Parents / Guardians must complete this form and return with the application form. Information regarding medication, special needs and considerations must be listed to ensure proper planning and care of your child.

Child's Name:	Date of Birth:
Parent/Guardian(s) Name:	
Address:	P/code:
Phone:	Phone:
Email Address:	

Family Doctors Name:	Phone:
Medicare No	Expiry Date
Is your Child covered by ambulance cover?	
Medic Alert Number (If applicable):	

If we are unable to contact parent/guardian in an emergency whom should we contact? :

Name:	Relationship:
Phone/s:	

Medical Information - Do any of the following affect your child?

	Yes	No	Details
Asthma			
Seizures			
Diabetes			
Sleep Walking			
Hearing Loss			
Heart Problems			
Bed Wetting			
Hay Fever			
Allergy to insect			
Allergy to other			
Strenuous exercise			
Behavioral problems			
Other			

Dietary Requirements - Please give details below

Allergy to food	
Diet restrictions	

Has your child been immunised against tetanus? Yes No
 Do you give permission for your child to sleep on a top bunk? Yes No

Does your child have any other medical issues, or have they been under a Doctors care recently?

If yes please state. _____

Please provide specific details, instructions and information relating to your child's medical, dietary, emotional or other special needs (attach sheet if required):

Medications

A child may not have any medications in his/her possession at camp. This includes over the counter medication like Panadol and cough lollies. All medication must be given to, and held by Active Education, who will administer medications according to written instructions on the container as prescribed by a doctor or physician. **All medications must be in the original pharmacy container.** Please provide a written letter addressed to the "Camp Director" with the medicine at the check in point for camp. This should include any changes since you completed this form. This should also include medication your child has recently completed in case any side effects occur.

My child may have the following medication if required (please tick):

Paracetamol: Cough Medicine: Anti-Histamine: Ventolin:

Other: _____

Please list the medications your child must take on a regular schedule:

Medication	How Much	How Often	When



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Active Education Photo & Video Footage Consent Form

Active Education is South Australia's only accredited outdoor education provider and promotes safe, fun Holiday camps and curriculum based school camp experiences for all ages.

This consent form which you are asked to sign covers your child's participation in a series of photos and video footage being taken for Active Education and grants consent for their use. The photos and video footage may be used by Active Education and its affiliated members in publications, promotional and marketing material and on the World Wide Web in order to promote Active Education and its camp programs in general.

Please read this form carefully before signing it. If you have any questions please contact the Active Education Office on (08) 83701500.

Granting of consent and conditions

- No individuals featured in the photos or video footage will be referred to by name.
- I agree to grant consent to Active Education (and any person authorised by the Company), at its discretion to copy or reproduce such material (whether by photo, film or other electronic or printed media) as it may determine, for the purposes of promoting the outdoor education, recreation and camp experience, without acknowledgment of myself and without my entitlement to any remuneration or compensation now or in the future. I agree that I will have no further rights in the photographs or video footage including moral rights and copyright.
- Active Education agrees not to use any image in a manner that may be deemed adverse, or defamatory to the person signing this form.

Authorisation

I hereby agree to the terms and understand the conditions set out above.

Participant Details

Name of Participant: _____

Location of camp where photos are to be taken:

Active Education's Holiday Camp @ Woodhouse Campsite

Date(s) photos & video footage are to be taken:

15th – 17 December 2010

As the participant is under the age of 18 years old, please provide a parent/guardians name and signature:

Name of parent/guardian: _____

Address: _____

Suburb: _____ State: _____ P/Code _____

Day time Phone: _____ Email: _____

Signature of parent/guardian: _____ Date: _____