

VITIAZ ASSOCIATION AUSTRALIA INC  
ST. SERAPHIM'S SUMMER CAMP  
BLACKHEATH, N S W

**APPLICATION FORM B**

Camp from \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

(To be completed by applicant over 18 years of age) Each Section must be completed.

**Part A**

Surname and Christian name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

Telephone (home) \_\_\_\_\_ Mobile number \_\_\_\_\_ Date of birth \_\_\_\_\_

Email: \_\_\_\_\_

**Part B Medical**

Do you suffer from any chronic illness or disability (Yes, No) \_\_\_\_\_ If yes, what is its nature? \_\_\_\_\_

\_\_\_\_\_

Have you had (Y/N): measles \_\_\_\_\_ diphtheria \_\_\_\_\_ mumps \_\_\_\_\_ asthma \_\_\_\_\_ migraines \_\_\_\_\_ epilepsy \_\_\_\_\_

diabetes \_\_\_\_\_ bronchitis \_\_\_\_\_ any operation \_\_\_\_\_

What illness(es) have you had in the past 12 months ? \_\_\_\_\_

Are you allergic to any of the following (Y/N): Penicillin \_\_\_\_\_ Codeine \_\_\_\_\_ Dust pollens (Hay fever) \_\_\_\_\_

Bee stings \_\_\_\_\_ Milk/Dairy products \_\_\_\_\_ Peanuts/nuts \_\_\_\_\_ Shellfish \_\_\_\_\_ other \_\_\_\_\_

Do you take any medication that may affect your participation in the activities of the camp?

\_\_\_\_\_

\_\_\_\_\_

Name of Family Doctor \_\_\_\_\_ Contact phone number \_\_\_\_\_

If you have private health insurance, with which insurance company? \_\_\_\_\_

Medicare No. \_\_\_\_\_

**Part C**

Consent:

- a) In the event of any accident or illness, I authorise the obtaining on my behalf of such medical assistance as I may require;
- b) I undertake to pay medical fees and/or costs of prescriptions (medicines) which may be incurred while I am at the camp.
- c) I agree to indemnify the Vitiaz Association Australia Inc against any claim by reason of accident, sickness or otherwise.

Signature of Applicant .....Date.....

## **Part D**

### **CONSENT/RECOGNITION OF RISKS**

(Please read carefully)

To: Vitiaz Association Australia Inc

I.....wish to participate in the recreational activity program of the Vitiaz Association Australia Inc Summer Camp.

I understand that some of the activities in which I may participate will be physically demanding and may involve a significant risk of physical harm

I understand certain inherent risks exist in the activities in which I will be participating. Although the organisation and its instructors will provide appropriate directions and will endeavour to minimise exposure to the risk of harm, these inherent risks are beyond the control of the Vitiaz Association Australia Inc, its volunteers and staff and cannot be avoided by the exercise of reasonable care and skill. Inherent risks include changes in weather conditions and difficulties in obtaining emergency medical assistance.

I am aware that there are some risks that are common to many or all of the activities in which I may participate, such as the risk of harm caused by varying weather conditions, by uneven or changing terrain and by native flora and fauna. However, some activities in which I may participate carry with them risks of harm that are particular to that activity, such as the following risks:

#### **Soccer/Football**

- losing control and colliding with obstacles such as goal posts or other people
- slipping and falling on terrain;
- getting kicked or bumped taking part in the activity;
- getting hit by the ball at high speed.
- being exposed to the elements for long periods of time

#### **Cricket**

- slipping and falling on terrain;
- losing control and colliding with obstacles or other people
- getting hit by the ball at high speed.
- being exposed to the elements for long periods of time

#### **Volleyball/Basketball**

- losing control and colliding with obstacles such as nets/posts or other people
- slipping and falling on terrain;
- getting bumped taking part in the activity;
- getting hit by the ball at high speed;
- being exposed to the elements for long periods of time

#### **Bushwalking**

- slipping and falling on uneven or changing terrain;
- harm caused by native flora or fauna;
- being exposed to the elements for long periods of time;
- harm caused by changing weather conditions;
- use of public roads to get to and from the start and finish

#### **Horse Riding**

- Losing control and/or colliding with obstacles including flora and fauna
- falling off the horse
- being kicked and bumped by the horse
- being exposed to the elements for long periods of time

#### **Indoor Rock Climbing**

- slipping and falling from hand and foot grips
- being bumped whilst climbing
- tripping over ropes
- being hit by a descending climber

#### **Aerobic Activities**

- slipping and falling onto a hard surface
- getting bumped taking part in the activity;

Swimming

- slipping and falling on wet surfaces
- risk of drowning
- being exposed to the elements for long periods of time
- being bumped taking part in the activity

I authorise the Vitiaz Association Australia Inc to arrange medical treatment and emergency evacuation services on my behalf and at my cost in the event of their injury or illness, as it deems necessary.

When participating in any of these activities, I will ensure that I attend with the appropriate personal gear for the activity. I understand that the Vitiaz Association Australia Inc, its volunteers and staff will endeavour to keep personal items safe but that they accept no responsibility for the safekeeping of those items.

I also understand that it is a condition of my participation in any of these activities for me to accurately complete the medical record.

My participation in any of the above listed activities is voluntary and not compulsory.

Name of Applicant \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Witnessed by (print name) \_\_\_\_\_

Signature of Witness \_\_\_\_\_ Date \_\_\_\_\_

**PART E**

**By completing this application form you are entering into a contract with the Vitiaz Association Australia Inc for the provision of recreational and educational services.**

**As such, you agree to abide by the rules which are set by the Camp Administration and agree to obey any reasonable direction and/or instruction given by the Camp Administration, its staff, instructors or delegated persons.**

**Failure to do so will be deemed to be a breach of this contract and therefore the provision of any or all of the recreational and educational services may be withheld or terminated.**

Signature of Applicant \_\_\_\_\_

**RETURN COMPLETED FORM TO:**

**VITIAZ ASSOCIATION AUSTRALIA INC  
PO BOX 3562  
PARRAMATTA NSW 2124**

<b>OFFICE USE ONLY</b>					
Medical Section completed	Yes	No			
Recognition of Risk completed	Yes	No	Applicant verbally advised	Yes	No
Witness signature completed	Yes	No			
Supplementary information required	Yes	No	_____		
Invoice generated	Yes	No	Invoice No.	_____	
Payment received	Yes	No	Amount \$	_____	
Payment method	Cash		Cheque	Money Order	Other
Application processed by:	_____		Signature	_____	
			Date	_____	