



KCO 2010

SATURDAY 13TH- SUNDAY 14TH MARCH 2010



COST \$38-00

WHAT IS KIDS CAMPOUT?

Kids Campout (KCO) is an annual event run by the NSW Synod of the Uniting Church in Australia. The aim of Campout is to provide an opportunity whereby children can experience the wider church family through fun, worship and learning.

WHO CAN ATTEND?

Children in years 3- 6, All are welcome to attend whether you have a Kids Club, a Sunday School, an after-school care group or you are a family with children. CAMPOUT is an experience for the whole family and the congregation of that child/children.

Please note that the program is specifically for the children in the age group specified. If you have teenagers year 7 & up they can assist as congregation helpers (yrs 7-8) or assistant leaders (yrs 9-12 by registering as such, however, they will be the sole responsibility of the adult carer. They will be expected to participate as a helper at Campout with electives, treasure hunt, runners, etc... A Saturday evening program will be provided for them by the Youth Unit. Children year 2 and under are the sole responsibility of their carer.

WHERE IS IT?

The venue will be Wedderburn Christian Camp (formerly Morning Glory Campsite), approximately 15 min south of Campbelltown. 208 Minerva Rd Wedderburn ph: 02 4634 1265

WHAT WILL HAPPEN?

During the weekend children are involved in electives including: crafts, games, swimming, devotions, worship, singing, meeting new people, and generally having a great time!

WHERE WILL WE SLEEP? WHAT WILL WE EAT?

Children will be accommodated in tents provided by St Matthew's and eat as a group.

REGISTRATION FORM

Please complete both sides in full & return to Church Office or Robyn Mathewson with payment **by 28/2/2010**

First Name: _____ Date of Birth: ___/___/___

Home Address: _____

_____ Postcode: _____ Phone Number: _____

Mother / Caregiver's name: _____ Mobile: _____

Father / Caregiver's name: _____ Mobile: _____

Alternative Emergency contact (optional): Name: _____

Relationship to child: _____ Phone Contact: _____

Are there any court orders in place in relation to this child that we need to know about?

Yes No

If yes, please provide any necessary information, or telephone the Group Coordinator to discuss your situation.

PLEASE TICK THE APPROPRIATE BOXES

Leader Camper Congregation Helper Assistant leader Adult helper

I can provide transport **TO** camp for ----- extra children

I can provide transport **FROM** camp for ___extra children

Cheques to be made out to: Baulkham Hills Uniting Church **PAYMENT ENCLOSED \$** _____

Please turn over....



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CONFIDENTIAL MEDICAL REPORT



Name _____

RELEVANT MEDICAL CONDITIONS:

Condition (eg allergies, asthma) _____

Symptoms and/or treatment/s _____

Medication (please list the medication that your child needs to take at KCO)

Name of Medication	Dose	When to be taken	Possible side-effects
_____	_____	_____	_____
_____	_____	_____	_____

(Please provide clear instructions with the medication and determine who will store the medication on camp)

Is there anything else we need to know? (For example: A visual, hearing, mobility or intellectual disability? Does your child experience sleep walking, bed wetting, etc. Special care required?)

Last Tetanus immunisation: ___/___/___ Don't Know Medicare No: _____

Medical/Hospital fund: _____ Contribution No: _____

Ambulance cover: No Yes (please provide details) _____

Name of family Doctor: _____ Ph: _____

DIETARY REQUIREMENTS:

Please list any special dietary needs (include any food allergies):

PARENT/GUARDIAN (IF UNDER 18) TO COMPLETE:

I, the undersigned, in completing this registration, recognise that while all care is taken, the organisers, leaders and helpers of this Camp are not responsible for accident, illness or loss or damage of my property during my/ my child's participation in the Camp. I understand that if my child's behaviour becomes inappropriate or unmanageable at KCO, they will be asked to leave and I will need to cover any associated expenses to get my child home safely. I agree to any necessary action being taken as first aid or medical attention in relation to accident or illness during my /my child's participation in the program. I accept responsibility for payment of all expenses associated with such treatment. I further authorise the use of Ambulance and / or anaesthetic by a qualified medical practitioner if in his / her judgement it is necessary.

I give permission for photography/video footage to be taken during Camp for the purposes of reports/ publicity/ sharing the story:

SWIMMING

I give permission for my child to participate in swimming, I understand there will be first aid officers at all times during swimming activities. Yes No

Please tick the appropriate box to provide information on your/ your child's swimming ability in a pool.

Little or no skills (not confident in the water) Basic skills (can tread water & swim a short distance)

Competent (can swim a fair distance & feel confident in a pool.)

Name (Parent/Guardian): _____

Signed (Parent/Guardian): _____ Date / /2010