

GREEK ORTHODOX ARCHDIOCESE OF AUSTRALIA
ARCHDIOCESAN DISTRICT OF ADELAIDE

SUNDAY SCHOOL CAMP 2022

REGISTRATION FORM

REGISTRATIONS DUE
- 23 AUGUST

Student Details

Last Name: _____ Given Name: _____

Address: _____ Postcode: _____

Phone: _____ Mobile: _____

Date of Birth: _____ Gender: M F

Parish: _____

Name of School: _____ Year Level: _____

Buddy Details

You have the opportunity to select two buddies with whom you would like to share a room/group with (please provide full names):

My 1st buddy will be: _____

My 2nd Buddy will be: _____

Emergency Contacts

Contact #1 Full Name: _____ Relationship: _____

Home Phone: _____ Mobile: _____

Contact #2 Full Name: _____ Relationship: _____

Home Phone: _____ Mobile: _____

Parent/Guardian Details and Consent

I _____ (Parent/Guardian's full name), being a parent or legal guardian for _____ (student's full name) give consent for my son/daughter to attend the Sunday School Camp organised by the Greek Orthodox Archdiocese of Australia, Archdiocesan District of Adelaide at Mylor Adventure Park, Mylor, from Tuesday 11th October to Thursday 13th October 2022.

Signed: _____ Date: _____

Address: _____

Email Contact: _____

Contact Number: _____

HEALTH INFORMATION (CONFIDENTIAL)

Student's Full Name: _____

Medicare Number: _____ Card Reference: _____

Card Expiry Date: _____ Date of Last Tetanus booster : _____

Health Insurance: _____

MEDICAL CONDITIONS / INFORMATION	NO	YES	DETAILS
1. Asthma			
2. Other Respiratory Conditions			
3. Allergies (eg. foods, drugs, environment, animals)			
4. Muscular/Skeletal Conditions (eg. back problems, ankle sprains, joint dislocations)			
5. ADD / ADHD			
6. Diabetes			
7. Epilepsy or Seizures			
8. Headaches/Nose Bleeds			
9. Heart Problems			
10. Other (incl. Fears/Phobias)			
11. Other Illness, Operations or Hospitalisation this person has experienced in the last 12 months			
12. Special Dietary Needs			
13. Can the participant swim?			Distance (in metres):

If yes to any of the above, please attach a Medical Management Plan.

Parent/Guardian Declaration

I _____ (Parent/Guardian's full name), being a parent or legal guardian for _____ (student's full name) assume full responsibility for his/her health such that the activities of the program will in no way aggravate any known condition. If in any doubt, I will seek and follow medical advice and inform the Greek Orthodox Archdiocese Sunday School Organisers of that advice. I will also notify the Camp Organisers of any significant change in the participant's health prior to the program. In case of emergency, I give permission for my son/daughter to be provided any medical treatment necessary by the Camp Organisers and/or qualified personnel from Mylor Adventure Park. I also expect that all statements on this form are true and accurate, and that all relevant information has been provided.

Signed: _____ **Date:** _____

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MEDIA CONSENT FORM

Permission to use image, video, voice, and/or creative work of camp participants.

The Greek Orthodox Archdiocese of Australia (GOAA) produces promotional materials and publishes them in print and digitally (eg on websites and social media accounts). During Camp, participants will also produce their own materials which may be used for promotional purposes.

Permission

By completing and returning this form, I grant permission for the GOAA to create/use:

- photographs, video or audio recordings of my child/children
- samples of my child's/children's work
- child's/children's first name

Full Name of Child 1 _____

Full Name of Child 2 _____

Full Name of Child 3 _____

Please provide signatures of both parents and/or guardians where possible.

Parent/guardian's signatures: _____
(Parent/guardian to sign) *(Parent/guardian to sign)*

Full name of parent(s)/guardian(s): _____
(please print) *(please print)*

Date: _____

SUMMARY OF REGISTRATION

Student's Full Name: _____

Please confirm summary of Registration forms/documents, ready for submission:

1. **Registration Form** (page 1)
2. **Health Information Form** (page 2)
3. **Media Consent Form** (page 3)
4. **Medical Management Plan** (as necessary) Not applicable
5. **Summary of Registration** (page 4 – this page)
6. **Deposit Paid** Date: _____

<p style="text-align: center;">REGISTRATIONS DUE - 23 AUGUST</p>

Registration Forms may be submitted via email to:

philoptochos@greekorthodoxadelaide.org.au