

Bnei Akiva Summer Camp 2011

DATES:

Junior: 16th-22nd December

Intermediate and Senior: 21st-30th December

PRICE:

Junior camp: \$440

Senior camp: \$620

Any forms received after December 2 will incur a charge of \$30 per child

SEND TO:

Bnei Akiva, PO Box 1156, Elsternwick, Victoria, 3185

Scan & E-mail: camp@bneiakiva.com.au

Fax forms to: 03 8610 2131

CONTACT INFORMATION

Tali Esterman - Junior Rosh Machane (Grades 3-6)
0405 652 346 | camp@bneiakiva.com.au

Dion Esterman – Intermediate and Senior Rosh
Machane (Years 7-11)
0431 780 653 | camp@bneiakiva.com.au

Financial Inquiries
Melbourne (Tuvia): shaliach@bneiakiva.com.au
Perth (Noa): shlichim.perth@gmail.com
Sydney (Meir/Moria): bashlichim@gmail.com

Technical difficulties or website inquiries
camp@bneiakiva.com.au

FOR ALL OTHER INFO AND MORE - CAMP.BNEIAKIVA.COM.AU

In an event of an emergency call JEMP on 1800 18 18 16

Please fill in a separate form for each child attending camp.



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Part 1 – Payment and Disclaimer

Payment Details

Cost: (Please refer to the cover page.)	\$
Donation: (Some families cannot afford to pay the full camp fee. Your donation, no matter how small, will help us ensure that no child misses out on camp for financial reasons. Please donate.)	\$
Payment By:	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Mastercard <input type="checkbox"/> Visa
Cardholder Name:	
Card Number:	Expiry:
Signature:	

Medical Agreement / Release and Disclaimer

Medical Agreement (**please tick**)

- 1. I agree for my child to attend the Bnei Akiva camp the subject of this application (the "Camp").
- 2. I have provided Bnei Akiva with all information that is necessary for Bnei Akiva and its servants, agents and officers ("Staff") to plan safe and reasonable health care support for my child/ward during the duration of the Camp. This includes, if relevant, any activity modifications my child/ward may require for medical reasons.
- 3. I agree to inform Bnei Akiva and/or its Staff of any changes to my child/ward's health, not indicated on this form, at a time prior to the commencement of the Camp.
- 4. In the event of any accident or illness throughout the duration of the Camp, where contact with the child/ward's parent/guardian is impractical or impossible, I hereby authorise the obtaining on my behalf of any medical, surgical and dental assistance for my child/ward that a registered medical practitioner considers necessary. I further authorise qualified practitioners to administer anaesthetic to my child/ward if such an eventuality arises. I undertake to pay any medical or dental fees and/or cost incurred in this regard.

TO: Bnei Akiva ("the Movement")

Release and Disclaimer

We the undersigned Participant and parents/guardian of the Participant (if the Participant is under 18):

1. **permit** the Participant to participate in all of the activities of the Movement (including but not limited to, weekly meetings, camps, (both within the State and interstate), functions, parties, social, cultural or educational events, excursions and outdoor, adventure or sporting events) ("**the Activities**").
 2. **acknowledge** the existence of inherent risks in the Activities and confirm that we are voluntarily taking on and assuming those risks.
 3. **release and forever discharge**, to the extent permitted by law, the Movement's officers, directors, members, volunteers, employees, representatives, agents, Shlichim (including their families), executive members and counsellors (each a "Released Party") from any and all causes of action, suits, proceedings, claims, demands and liabilities in any way directly or indirectly arising out of or in connection with the Participant's participation in or expulsion from the Activities (including those arising out of death, injury, loss of or damage to property or involving financial or any consequential loss), whether or not arising out of or by reason of the negligence, action or inaction or otherwise of any Released Party ("Claims"), together with any costs fees and expenses (including legal fees) that may be incurred as a result of any such Claim.
 4. **indemnify** each Released Party from and against any such Claims suffered or incurred or brought or made against the Released Party, together with any costs, fees and expenses (including legal fees on an indemnity basis) that may be incurred as a result of any such Claim.
 5. **agree** to abide by all the rules, regulations, and instructions given by or on behalf of the Movement from time to time, governing the Activities.
 6. **agree** that if the Participant breaches or does not abide by any of the rules, regulations or instructions governing the Activities, they can be asked to leave such Activity, which they will immediately do, and we agree to reimburse and indemnify each Released Party for all loss and damage arising from any such breach or failure to abide.
 7. **acknowledge** we voluntarily entered into this Disclaimer and have read and understood all of its terms and agree to be bound by all such terms.
 8. **agree** that this Disclaimer will be binding on us and our executors, administrators, heirs, next of kin, successors and assigns.
- This agreement is made with the Movement as the agent of each Released Party and is for the benefit of each Released Party.

Participant:	Parent/Guardian:
Signature of Participant:	Signature of Parent/Guardian:
Date: ___/___/_____	Date: ___/___/_____



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Part 2 – Form Details

Camper Details

Parent Full Name:	Home Number:
Parent Mobile:	Parent E-mail:
Street Number & Name:	
Suburb:	Postcode:
State:	
Medicare Number:	Ambulance Membership number:
Family Doctor Name:	Family Doctor Phone:
Private Health Fund Name:	Membership Number:

Emergency Contact Information

NOT A PARENT. The emergency contact will be contacted only if the parents are unreachable.

Emer. Contact Person:	Relationship:
Phone Number:	Mobile Number:

Child Information

Child Full Name:	Child E-mail:
Child Mobile:	Gender: Male/Female
School:	Date of Birth: (dd/mm/yyyy):
Year at School in 2011:	T-shirt/Jumper size (XS/S/M/L/XL/XXL):
Chalav Yisrael: Yes / No	Vegetarian: Yes / No
Braces: Yes / No	If yes, Name and Phone of Orthodontist:

Medical Information

Authorise a First Aid Volunteer/doctor to administer Panadol, ventolin or aspirin where appropriate.	Authorise First Aid: Yes / No	
<input type="checkbox"/> I agree that I will not send my child to camp if they are found to have lice. I understand that if they are found to have lice on camp they may be sent home.		
Uses an Epipen: Yes / No	Date of Last Tetanus:	
Asthmatic: Yes / No	If yes, severity of asthma: Continuous / Intermittent	
Asthma Management Plan:		
Allergies: (Please include: medication, insect stings, band aid and food)		
Lactose Intolerant: Yes / No	Gluten/Wheat Free: Yes/No	Fish Free: Yes/No
Illness or Sickness: (if your child suffers from any illness or sickness and any other relevant medical information. e.g. Headaches, bad period pain, sleep walking, hyper-activity, emotional difficulties, chronic illnesses, immune suppression.)		
Medication: (Please list all medication that your child is currently taking. Please ensure that you provide all the listed medications for your child. All medication must be brought to the attention of the First Aid official to be administered by them.)		