Arthritis & Osteoporosis
NEW SOUTH WALES

CAMP TWINKLETOES APPLICATION FORM 2017

Thank you for your interest in attending *Camp Twinkletoes 2017* – our weekend camp designed to enable families to develop and extend their understanding of juvenile arthritis in children under eight years of age.

IMPORTANT INFORMATION

Arrival: From 6pm Friday, 7 April 2017
Departure: By 10am Sunday, 9 April 2017

Venue: Banksia Lodge, The Tops Conference Centre
Bendena Garden Road, Stanwell Tops
www.thetops.com.au

Accommodation: Family room with bunk beds and a private ensuite.

Cost: Camp fees go towards partially covering the outgoing costs of Conference Centre hire, accommodation, meals, education sessions, children's activities and camp administration.

Children under three are free
$75 per child aged three to school year 6
$100 per adult and child (school year 7 and over)

If you are unable to afford full payment for Camp Twinkletoes, please contact the office on 9857 3300.

Due Date: **Application forms are due by 3 February 2017**

Return registration forms:

By Mail: Arthritis & Osteoporosis NSW
Locked Bag 2216, North Ryde NSW 1670

By Email: jlewis@arthritisnsw.org.au

Please note, submitting an application form does not guarantee your registration. As there are a limited number of places available, applications will be considered and selected based on the fit between needs of families and the program. Camp and Arthritis & Osteoporosis NSW annual membership fees need to be paid in full before registrations will be confirmed.

PART A – PERSONAL DETAILS

Please type or write clearly and complete all sections. Where multiple choice is offered, please circle.

PERSONAL DETAILS OF ALL FAMILY MEMBERS APPLYING TO ATTEND CAMP			
Full name of parent/carer (1):		Full name of parent/carer (2):	
Address	Suburb:	State:	
		Postcode	
Arthritis & Osteoporosis NSW Family Membership Number: (If you do not have a current family membership with AONSW you will need to purchase or renew your membership for your application to be approved.)			
Email Address:			
Telephone:	Home:	Mobile:	Work:
Full name of child with arthritis:		Male/ Female	Date of birth:
Full name of additional attendees and relationship to child: 1.		Male/ Female	Date of birth:
2.		Male/ Female	Date of birth:
3.		Male/ Female	Date of birth:

ACCOMODATION
Do you require wheelchair access? Yes / No
Do you require a portacot? Yes / No
Do you have any other special requirements (e.g. shower chair, fridge)? Yes / No If yes, please list below

GENERAL DETAILS	
Please indicate the swimming ability of all children below. Not at all (not able to swim), poor (required floatation devices to swim), fair (swim unassisted for 25 metres) or strong (swim unassisted for 50 metres).	
Name of child (1):	Not at all / Poor / Fair / Strong (circle)
Name of child (2):	Not at all / Poor / Fair / Strong (circle)
Name of child (3):	Not at all / Poor / Fair / Strong (circle)
Name of child (4):	Not at all / Poor / Fair / Strong (circle)

EMERGENCY CONTACT PERSON/S (your emergency contact must not be someone attending camp)	
Name: Relationship to family:	Phone number:

MEDICAL DETAILS	
Family doctor's name:	Phone number:
Rheumatologist's name:	Phone number:

MEDICAL CONDITIONS	
Does anyone applying to attend camp have a medical condition that may require emergency medical intervention? (e.g. asthma, epilepsy, diabetes, high or low blood pressure, fainting spells, heart problems)	
Family member name	Medical condition(s)

ALLERGIES
Does anyone applying to attend camp have any known allergies (bees, pollen/plants, foods, etc.)? If yes, please give full details of the allergy, including name of family member and medication (if any) used for treatment of allergies:
IF THE ALLERGY REQUIRES POTENTIAL USE OF AN EPI PEN, IT IS EXPECTED THAT YOU WILL CARRY YOUR OWN WITH YOU AT ALL TIMES AND BE ABLE TO ADMINISTER THE EPI-PEN.

PART B – FAMILY NEEDS

DIAGNOSIS
When was your child diagnosed with juvenile arthritis? Include year of diagnosis and/or time that has elapsed since the initial diagnosis.
INFORMATION AND UNCERTAINTY
Please outline the aspects (e.g. symptoms, treatment) of juvenile arthritis that you are uncertain of and/or list the type of information you would value receiving at Camp. While we cannot guarantee all questions will be answered, understanding your needs will help us to refine the program.
NEW / RETURNING FAMILIES
Have you attended Camp Twinkletoes before? Yes / No **If yes**, please advise the reason(s) you wish to return (e.g. additional questions / child's symptoms have changed / keen to reconnect with, or meet, families experiencing similar circumstances).

PART C – PARENT/CARER AUTHORISATION

Please sign and return to Arthritis & Osteoporosis NSW

- I/We acknowledge that the venue for the family camp has been assessed, under Arthritis & Osteoporosis NSW guidelines, and Arthritis & Osteoporosis NSW deem it to be a suitable venue.

- I/We indemnify Arthritis & Osteoporosis NSW against any claims, should participation in any activity over the weekend aggravate any pre-existing condition our child/children or anyone attending camp may have.

- I/We will not hold Arthritis & Osteoporosis NSW, its employees or volunteers, responsible for any illness or injury incurred by any member of our family during the course of Camp Twinkletoes at Tops Conference Centre (TOPS), Friday 7 April to Sunday 9 April 2017.

- I/We indemnify Arthritis & Osteoporosis NSW against any claims of loss or damage to personal property of our family and acknowledge that all personal property is brought to camp at our own risk.

- I/We accept financial responsibility for any damage to TOPS property that occurs as a result of the actions of any of the members of our family.

- I/We will not bring onto the site, nor be affected by while on the site, alcohol or any illegal substances.

- Per TOPS general conditions of hire, we recognise TOPS is a Smoke Free Environment and smoking is not permitted within any building on the TOPS site.

- In the event of injury or illness, if I/we are not present or are unable to be contacted to give consent, we authorise Arthritis & Osteoporosis NSW staff to obtain on our behalf and at our expense, such urgent medical assistance, treatment and nursing, hospital and ambulance service as may be considered appropriate by Arthritis & Osteoporosis NSW staff.

- The personal details and health information provided has been completed correctly to the best of our knowledge.

- I/We recognise that while this is a family camp, there will be occasions where our child/children may be involved in activities in the absence of their parents/guardians. In these situations we consent to leave our child/children with Arthritis & Osteoporosis NSW staff and/or camp volunteers.

- I/We acknowledge that all Arthritis & Osteoporosis NSW staff and Camp Twinkletoes volunteers have completed National Criminal Record and Working with Children Checks.

- I/We understand that we can remove our child/children from any activity at any time and agree to inform Arthritis & Osteoporosis NSW staff if we do this or decide to leave the camp before the conclusion of the weekend's activities.

- I/We understand that the supervision of our children is our responsibility while at Camp Twinkletoes except when taking part in activities where it is expressly stated by Arthritis & Osteoporosis NSW that they assume the supervisory role.

- I/We understand that while our child/children may be under the care of Arthritis & Osteoporosis NSW staff and/or volunteers, we are ultimately responsible for the behaviour of our child/children. If a situation arises requiring our child/children to be reprimanded or disciplined, I/we agree to carry this out.

- I/We recognise that Camp Twinkletoes is a camp for families with young children and will therefore behave in a manner appropriate for families.

- I/We understand that, from time to time, Arthritis & Osteoporosis NSW will contact us with various opportunities for supporting people with musculoskeletal conditions and research projects. I/We understand that Arthritis & Osteoporosis NSW will not on-sell any personal details to any other organisation and that Arthritis & Osteoporosis NSW complies with the *Arthritis & Osteoporosis NSW Privacy Policy.*

Parent/Carer name: _____

Signed: _____Date: _____

PART C – MEDIA CONSENT

Arthritis & Osteoporosis NSW seeks parental / guardian consent to use media, including but not limited to, photography and video taken at Camp Twinkletoes. We assure you that media materials will be used in a responsible and positive manner for the purpose of promoting the organisation's activities and to secure funding for future camps. Please circle below to indicate where you give consent for media to be used, print each family members' name and sign the consent.

Arthritis Matters (member magazine of Arthritis & Osteoporosis NSW)	Yes / No
Mainstream media (e.g. local newspapers, family magazines)	Yes / No
Social media (Facebook, Twitter, Instagram, YouTube)	Yes / No
Arthritis NSW Sponsor / Corporate Partner marketing materials (i.e. Camp Twinkletoes funders)	Yes / No
Paediatric Rheumatology Network	Yes / No

ADULT'S CONSENT

I, _____ (Adult's name 1)

I, _____ (Adult's name 2) permit

media of me to be used as indicated above.

Signature of Adult 1: _____Date: _____

Signature of Adult 2: _____Date: _____

CHILDREN'S CONSENT

I, _____(Parent/Guardian name)

of_____(address) permit

media of my children / children in my care, to be used as indicated above.

_____(Child's name 1)

_____(Child's name 2)

_____(Child's name 3)

_____(Child's name 4)

Signature of Parent/Guardian: _____Date: _____

PART E – PAYMENT

Please calculate total payment required in the table below. Your total payment is to be paid prior to confirmation of your accepted application.

Type	Quantity	Total cost
Children under age 3		$0
Child aged 3 to school year 7 ($75 each)		$
Adult & children in school year 7 and over ($100 each)		$
TOTAL PAYMENT DUE		**$**

PAYMENT OPTIONS

☐ I authorise Arthritis & Osteoporosis NSW to charge the above fees to my credit card

Card type (please circle): Visa / Mastercard

Credit card number:

__ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ Expiry date _____

Name on card _____

Signature _____

☐ I will pay by cheque/ money order (made payable to 'Arthritis NSW')

☐ I will pay over the phone by credit card

☐ I will pay by direct deposit

Account name: Arthritis NSW

BSB: 032 000

Account number: 726 406

Reference: Please use the format "CTT_Parent1Surname" in the reference for our statement and email your bank's payment remittance to accounts@arthritisnsw.org.au.