

UCC Camp Attendee Application Form (under 18)

Date: Friday 18th July at 3PM to Monday 21st July at 10AM

Location: Camp Leschenaultia, 400 Leschenaultia Place, Chidlow

Price: \$80 for Members (membership current as of 1st May), \$115 for non-members.

Food: Main meals, tea, coffee and water provided

UCC will be running its annual camp at Camp Leschenaultia, roughly an hour's drive from Perth. We will be playing computer games and video games throughout the weekend, along with talks about various computer related topics. Please return this completed form to a UCC Door member or scan and email the form to camp@ucc.asn.au by Monday, 14th July. Payment must be provided through dispense or EFT.

UCC's EFT details:

- Bank: Westpac Bank
- Account Name: The University Computer Club
- Account Number: 285739
- BSB: 036054
- Description: *[Full Name] UCC Camp*

Attendees who aren't UWA Students need to attach a photocopy of government-issued photo identification. These include:

- Driver's Licence
- Passport
- Proof of Age Card

This is a NON ALCOHOL event, any alcohol found in your possession will be disposed of.

Transport will not be provided to or from the camp venue, if you are unable to make your own way, many attendees will carpool to the event.

If you have any questions, please email camp@ucc.asn.au

What to Bring:

- Sleeping bag & pillow (dormitories do not provide bedclothes)
- Computer (with ethernet port) & non-surge-protected power board
- Headphones with cable slack
- Earplugs if you're a light sleeper
- Snacks (main meals provided)
- Drinks (tea, coffee and water will be provided)
- Clothes and Shoes
- Towel
- Toiletries, including deodorant
- Any medication that you require

For more details about the camp please visit the UCC Wiki: <http://wiki.ucc.asn.au/UCCCamp2014>

CONSENT FORM – University Computer Club Camp 2014

DECLARATION by a PARENT/GUARDIAN of a person under the age of 18 seeking to attend the camp.

Attendee Details

Name:

UWA Student Number (if applicable):

Address:

Phone:

Email:

Date of birth:

Medicare number & Expiry Date:

Name of Primary Medicare Cardholder

or International Student Health Cover number:

Legal custody of the above named attendee is vested in (please circle):

Both Parents

Mother

Father

Guardian

N/A

For this camp, I..... (Print name) being a parent / legal guardian of the above named person do;

1. Acknowledge that it is my responsibility to advise the camp Event Organiser of any medical conditions or allergies my child has and to supply any special advice necessary to manage those conditions or allergies while in the care of the Event Organiser. The following are the recorded allergies for the above named:

2. Advise that I have supplied with this declaration written instructions on how my child's allergies and medical conditions are to be managed while on this activity.
3. **Give** (by ticking **Yes** and initialling) or **do not give** (by ticking **No**) my consent as indicated for my child to:
 - Participate in all approved camp activities ☐ Yes ☐ No
 - In an emergency, receive medical and/or dental assistance including surgery if necessary.* ☐ Yes ☐ No
 - In an emergency receive a blood transfusion.* ☐ Yes ☐ No
 - In an emergency receive a general anaesthetic.* ☐ Yes ☐ No

** Every attempt will be made to contact you prior to medical intervention.*

4. Certify that my child is:
 - Medically and physically fit to participate in this camp. ☐
 - Not suffering from any contagious or infectious disease. ☐

5. Provide the following details about my child.

- Current medication:

- Dietary needs

- Food allergies

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Parent / Guardian Signature:

Date:

Emergency Contact Number during Activity:

Name of Contact & Relationship to Camp participant:

Waiver

For this camp I,(Print name), hereby promise to abide by all instructions given by camp organisers while in attendance. I also accept full responsibility for my own well-being, and will not hold the club, the staff, or the university liable for any personal injury, property damage, or other incidents. I agree to take responsibility for any injuries, damage to property, or other incidents that are the result of my own actions.

Attendee Signature:

Date:

Parent / Guardian Signature:

Date:

Office Use Only

Camp Organiser:

ID attached (if required) Y/N:

Organiser Signature:

Date: