

## CAMP FOOTLOOSE 2020 APPLICATION FORM

We are pleased to open applications for our first Rural Camp Footlose 2020. To ensure that your application can be accepted, please read the below information carefully and return all required items listed below.

### IMPORTANT INFORMATION

**Arrival:** Drop off at 9.00am Monday, 20<sup>th</sup> April 2020 | Lake Burrendong Sport and Recreation  
**Departure:** Pick up at 4:00pm Wednesday, 22<sup>nd</sup> April 2020 | Lake Burrendong Sport and Recreation Centre

**Venue:** Lake Burrendong Sport and Recreation Centre  
205 Tara Road, Mumbil NSW 2820  
<https://sport.nsw.gov.au/facilities/lakeburrendong>

**Cost:** Fees requested by ANSW for Camp Footlose: are in the following categories.

Member	\$150	Closes 15 <sup>th</sup> March 2020
Non Member	\$200	Closes 15 <sup>th</sup> March 2020

Note: Please don't hesitate to contact Arthritis NSW on 9857 3300 if the required contribution isn't within your means to discuss how we might be able to help.

**Immediate Requirements:**  Completed application form parts A – G (**incomplete forms cannot be processed and will be returned**)

3x Current passport quality photos of your child

### Other Requirements:

All medications (including as needed medications) are to be brought in a Webster-Pack to camp. Medication not packed will not be accepted (excluding liquid)

\*No injectables will be administered on camp – if your child requires an injection they should be scheduled prior to or after the dates of camp

**Due Date:** All applications must be received by **March 15<sup>th</sup>, 2020.**

Attendance to Camp Footloose will only be confirmed upon the completion of the following:

- Completed and returned application form
- Completion of payment
- Current Membership (if applicable)

## Return application forms:

**By Mail:** Arthritis NSW

**By Email:** [abower@arthritismsw.org.au](mailto:abower@arthritismsw.org.au)

Locked Bag 2216, North Ryde NSW 1670

Please note, submitting an application form does not guarantee your attendance at camp. 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 NSW annual membership fees (if applicable) need to be paid in full before registrations will be confirmed.

## PART A – PERSONAL DETAILS OF CHILD – please print clearly or type

**Surname** \_\_\_\_\_

**First name** \_\_\_\_\_

**ANSW Membership #** \_\_\_\_\_

**Date of birth** \_\_\_\_\_

**Age on April 20<sup>th</sup>, 2020** \_\_\_\_\_

**Gender**       Male                       Female

**Height in cms** \_\_\_\_\_

**Weight in kgs** \_\_\_\_\_

**Street address** \_\_\_\_\_

**Suburb** \_\_\_\_\_

**State/Postcode** \_\_\_\_\_

**School year currently in** \_\_\_\_\_

**Parent/Guardian – First Contact**

**Full Name** \_\_\_\_\_

**Contact Number – Home** \_\_\_\_\_

**Contact Number – Mobile** \_\_\_\_\_

**Contact Email** \_\_\_\_\_

**Parent/Guardian – Second Contact**

**Full Name** \_\_\_\_\_

**Contact Number – Home** \_\_\_\_\_

**Contact Number – Mobile** \_\_\_\_\_

**Contact Email** \_\_\_\_\_

**Additional Emergency Contact**

**Full Name** \_\_\_\_\_

**Contact Number – Home** \_\_\_\_\_

**Contact Number – Mobile** \_\_\_\_\_

**Family Doctor's Name** \_\_\_\_\_

**Contact Number** \_\_\_\_\_

**Rheumatologist's Name** \_\_\_\_\_

**Contact Number** \_\_\_\_\_

**Health Insurance Fund** \_\_\_\_\_

**Member number** \_\_\_\_\_

**Medicare number** \_\_\_\_\_ **Expiry date** \_\_\_\_\_

**Who will be taking your child to camp/ picking your child up from camp this year?**

Please note ANSW staff require sign in/ sign out of all Camp Footloose attendees. Any changes to the contact details below must be communicated to ANSW staff prior to the date of camp drop off/ camp pick up.

**First & Last Name (Drop off)** \_\_\_\_\_

**Contact Phone number** \_\_\_\_\_

**First & Last Name (Pick Up)** \_\_\_\_\_

**Contact Phone number** \_\_\_\_\_

**Please list any known allergies (include food, medication, plants etc.)**

If these allergies are severe, or may cause anaphylaxis, please include details about the management of these allergies.

IF THE ALLERGY REQUIRES POTENTIAL USE OF AN EPI PEN, IT IS EXPECTED THAT YOUR CHILD WILL CARRY HIS/HER OWN WITH YOU AT ALL TIMES AND BE ABLE TO ADMINISTER THE EPI-PEN.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please confirm which type of Juvenile Arthritis (JIA) your child has:**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Systemic Onset      | <input type="checkbox"/> Pauciarticular/Oligoarthritis | <input type="checkbox"/> Polyarticular RF+ve          |
| <input type="checkbox"/> Juvenile Lupus      | <input type="checkbox"/> Polyarticular RF-ve           | <input type="checkbox"/> Enthesitis Related Arthritis |
| <input type="checkbox"/> Psoriatic arthritis | <input type="checkbox"/> Don't know                    |   |

Other (please specify) \_\_\_\_\_

**Age when diagnosed?** \_\_\_\_\_

**Which joint(s) are affected?** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**If any, what splints are used and when?** \_\_\_\_\_

**Is any special equipment required by your child?**  Yes  No

**If yes, please specify what type? E.g. Walking stick, wheelchair \*Please note all equipment required will need to be provided by parent/guardian\***

\_\_\_\_\_

**How often is it used?**  Used only when tired  Used at all times

\_\_\_\_\_

Is assistance required with mobility/dressing/showering/toileting?  Yes  No

If yes, please detail the assistance required \_\_\_\_\_

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Please tick any of the following that applies to your child:

- |   |  |                                   |  |
|---|--|-----------------------------------|--|
| <input type="checkbox"/> Fits/seizure of any type | <input type="checkbox"/> Asthma          | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Travel/sea sickness |
| <input type="checkbox"/> Sleep walks              | <input type="checkbox"/> Heart condition | <input type="checkbox"/> Migraine | <input type="checkbox"/> Kidney condition    |
| <input type="checkbox"/> Blood pressure           | <input type="checkbox"/> Hay fever       | <input type="checkbox"/> Eczema   | <input type="checkbox"/> Hearing problems    |
| <input type="checkbox"/> Vision problems          | <input type="checkbox"/> Other _____     |                                   |  |

If any of the above apply, please provide details including if/how condition is managed

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Does your child have any developmental disability, behavioural disorders or social problems? e.g Anxiety  Yes  No

If yes, please advise of the behaviours we should be aware of and any management plans used by the school or other organisations your child might be involved with.

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***Please keep in mind, Camp Footloose is a camp for children with juvenile arthritis. Staff are not necessarily trained to deal with behavioural problems.***

Are there any other physical, psychological, or emotional issues that we should know about?  Yes  No

If yes, please advise what they are and how they are managed

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Date of last tetanus immunisation \_\_\_\_\_

Is your child able to tolerate a tetanus immunisation?  Yes  No

**Are there any special requirements regarding diet?**       Yes     No

If yes, please specify the details:

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**Can your child swim?**                       Yes     No

**If yes, at what level?**                       Poor (not without floatation devices)

Fair (unassisted for 25 metres)

Strong (unassisted for 50 metres)

**Is this the first time your child has been away from home alone?**       Yes     No

**Is there anything your child is nervous about regarding camp?** \_\_\_\_\_

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**How did you hear about Camp Footloose?**

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**Has your child been to an ANSW camp before?**                                       Yes     No

**If yes, what year(s)?** \_\_\_\_\_

**What is your child's normal bedtime?** \_\_\_\_\_

**Room Allocations:**

If your child has been to camp before and wishes to share a room with particular friends of a similar age, please provide the names of the two other children. All efforts will be made to allocate rooms based on this feedback, but this may not always be possible. Please explain to your child that they may not be able to have all of their friends together.

1                      \_\_\_\_\_

2                      \_\_\_\_\_

**Is there any other particular information you feel we should know to ensure that your child enjoys the camp in every way possible?**

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**What size T-shirt is preferred? Please mark only one.**

CHILD SIZES	0	1	2	4	6	8	10	12	14
HALF CHEST (CM)	28	30	32.5	35.5	36	40.5	43	45.5	48
BODY LENGTH (CM)	33	35	45	49	52	55	58	61.5	65

ADULT SIZES	XS	S	M	L	XL	2XL	3XL	5XL
HALF CHEST (CM)	49	52	55	58	61	64	68	76
BODY LENGTH (CM)	68	70	72	74	76	78	80	82

## **PART B – PARENT AUTHORISATION**

I, the undersigned, declare that I will not hold Arthritis NSW, its employees or volunteers responsible for any illness or injury to my child during Camp Footloose (20<sup>th</sup> April – 22<sup>nd</sup> April, 2020).

In the event of any injury or illness, I authorise Arthritis NSW staff to consent to emergency medical arrangements on my behalf, where it is impracticable to communicate with me, as is deemed necessary by a qualified medical practitioner. Such consent includes: anaesthetics, blood transfusions, and surgery and ambulance attendance. I will accept financial responsibility for any such action taken.

I recognise that this is a camp for children and that it is important for the children to meet with others in the absence of their parents in order to develop rapport. I agree to leave my child in the care of the Camp Footloose staff and will not make arrangements to visit until the end of the camp. I understand that I can remove my child from camp at any time. I agree to sign the attendance register held by the Camp Footloose coordinator (when pick up is face to face) when I take my child home at the end of camp or beforehand, should he/she wish to leave if they are missing home or for any other reason. I will advise the camp coordinator or Arthritis NSW if someone other than myself will be attending to pick up my child. I authorise Arthritis NSW to require the signature of this person upon picking my child up.

**Parent/Guardian signature**

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**Print Name**

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**Date**

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## PART C - MEDIA CONSENT

Arthritis NSW seeks parental / guardian consent to use media, including but not limited to, photography and video taken at Camp Footloose. 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 your name and your child's name and sign the consent.

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

### USE OF CHILDREN'S PHOTO 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)

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date \_\_\_\_\_

If you wish to withdraw this consent at any time, please contact Arthritis NSW on (02) 9857 3300.

### USE OF ADULT'S PHOTO CONSENT (if required, photo/video may occur during drop off/ pick up times)

I, \_\_\_\_\_ (Adult's name 1)

I, \_\_\_\_\_ (Adult's name 2) permit media

of me to be used as indicated above if required.

Signature of Adult 1: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Adult 2: \_\_\_\_\_ Date: \_\_\_\_\_

## PART D – CAMP GUIDELINES

To ensure the safety and enjoyment of all campers we have included a behavioural contract for both you and your child to sign. It is an assumption that by signing this form your child will adhere to the following guidelines. **Applications will not be accepted without this signed form by both child and parent/guardian.**

### CAMP FOOTLOOSE GUIDELINES

1. No camper is to leave the camp-site without a leader.
2. No alcohol or smoking is allowed on camp-site for any camp members.
3. No bullying or threatening behaviour will be tolerated from any camp members. Everyone's needs and individuality must be respected.
4. Personal property of other camp members, volunteers, leaders and the camp environment must be respected.
5. All rooms are to be kept tidy.
6. During any free time, all campers must stay within designated areas as outlined by camp staff.
7. No male and female campers are allowed together in a bedroom/cabin without a leader present.
8. Campers are to be present at all meal times and activities, unless given permission from a leader or parent who has advised the camp coordinator to exclude the child.
9. Shoes are to be worn at all times out of doors and in the dining room.
10. Sunscreen and a hat are to be worn when outside during daylight hours.
11. No camper is allowed personal penknives or other dangerous implements.
12. Mobile phones are not to be taken to sessions (child may request the use of the phone if they need to make an urgent phone call). Mobile phones can be handed to group leaders for safekeeping.
13. No camper is to enter another camper's room without permission from that room's leader.
14. Campers must follow and adhere to the directions and requests of all leaders.
15. Campers are discouraged from bringing iPods and other expensive equipment to camp. If they choose to do so, these items are the sole responsibility of the camper.

### DISCIPLINARY STEPS

- Step 1** Verbal warning.
- Step 2** Meeting with leader, camper and camp coordinator; time out/miss out on one activity.
- Step 3** Phone parents – leader or camp coordinator informs camper's parents that the camper has one last chance before they will be asked to come and collect them from the camp site.
- Step 4** The child is sent home. Arthritis NSW staff will contact the child's parents and ask them to make arrangements to collect their child from the campsite immediately.

We do not anticipate any problems if the above guidelines are followed so that everyone has an enjoyable time.

**I understand and agree to follow the above guidelines.**

**Child's signature**

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**Parent/Guardian's signature**

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**Date**

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## PART E – PAYMENT FORM (CAMP FOOTLOOSE)

The actual total cost of a child to attend the footloose program is \$1000. This reflects additional costs, such as onsite nursing, staff and volunteer training, guest health education speakers, speciality equipment for recreational activities, and ANSW organisation, administrative processing and delivery. We also welcome and appreciate any donation you would like to make to the organisation in addition to your child's attendance fee for the camp.

**The direct cost is \$400 per child at Lake Burrendong Sport and Recreation Centre for 2 nights of camp, including meals, accommodation and activities.** Paying the direct cost of camp could potentially create the means for a less fortunate child to attend camp.

Fees requested by ANSW for Camp Footloose: are in the following categories.

Campers Direct Cost	\$400	Closes March 15 <sup>th</sup>
Standard Rate (Member)	\$150	Closes March 15 <sup>th</sup>
Standard rate (Non Member)	\$200	Closes March 15 <sup>th</sup>

Similarly, if a contribution of \$200 is not within your means, we would encourage you to contact the office on 9857 3300 to discuss how we might be able to help.

Type	Total Cost	Booking Number (Office Use Only)
Campers Direct Full Cost \$400 (See above for inclusions)	\$	
Standard Member \$150	\$	
Standard Non Member \$200	\$	
Donation to ANSW	\$	
<b>TOTAL PAYMENT DUE</b>	<b>\$</b>	

### OFFICE USE ONLY

#### *Camp Attendee Payment*

Serial #	Processed – Batch #	Processed Date	Approval Date

**PAYMENT OPTIONS – please tick or call the office directly**

Name of Child Attending Camp \_\_\_\_\_

**PAYMENT OPTIONS**

Please Circle

- 1. Pay Full Payment
- 2. Partial Payment Plan (pay in 4 instalments)

**Direct Transfer**

Account name: Arthritis NSW

BSB: 032 000

Account number: 726 406

Reference: Please use the format “CFL\_ChildSurname” in the reference for our statement and email your bank’s payment remittance to

**Credit Card**

I authorise Arthritis 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 \_\_\_\_\_

\*Please Note that if you choose Partial Payment then we will only be able to accept a credit card payment\*

## PART F – ACTIVITY PARTICIPATION FORM

Camper's name \_\_\_\_\_

ACTIVITY	I WOULD LIKE TO PARTICIPATE (Please mark yes or no)
Flying Fox	
Abseiling	
Rock Climbing	
Challenge Ropes Course	
Leap Of Faith	
Orienteering	
Cookouts	
Archery	
Bush Walking	
Camp Fires	
Fencing	
Grass Skiing	

## PART G – MEDICATION CHART – CAMP FOOTLOOSE 2018

Date										Name
Date	Medicine	Admin	Times							
										DOB
Route	Dose									
Additional Information										Weight Height
Prescribers signature	Print Name									
										PhotoCamper
Date	Medicine	Admin	Times							
Route	Dose									
Additional Information										
Prescribers signature	Print Name									
										Companions
Date	Medicine	Admin	Times							
Route	Dose									
Additional Information										
Prescribers signature	Print Name									

## PART G – MEDICATION CHART – CAMP FOOTLOOSE 2018

Date										Name
Date	Medicine	Admin	Times							
Route	Dose									
Additional Information										
Prescribers signature	Print Name									Allergies
Date	Medicine	Admin	Times							Photo Camper
Route	Dose									
Additional Information										
Prescribers signature	Print Name									
Date	Medicine	Admin	Times							
Route	Dose									
Additional Information										
Prescribers signature	Print Name									Companions