



Camp Opportunity **Rotary** District 9455
Share the Fun and Challenges
2022



CAMPER NOMINATION FORM

PERSONAL DETAILS

Surname: _____ First Name: _____

Preferred Name: _____

Date of Birth: _____ Sex: MALE / FEMALE

Home Address: _____

Suburb: _____ State: _____ Post Code: _____

Phone (H): _____ Mob: _____ Email: _____

Current Employment: _____

Language Spoken at Home: _____

PARENTS / CARERS

Surname: _____ First Name: _____

Home Address: _____

Suburb: _____ State: _____ Post Code: _____

Phone (H): _____ Phone (W): _____

Mobile: _____ Email: _____

PARENTS / CARERS

Surname: _____ First Name: _____

Home Address: _____

Suburb: _____ State: _____ Post Code: _____

Phone (H): _____ Phone (W): _____

Mobile: _____ Email: _____

EMERGENCY CONTACT PERSON

Surname: _____ First Name: _____ Relationship to Camper _____

Home Address: _____

Suburb: _____ State: _____ Post Code: _____

Phone (H): _____ Phone (W): _____

Mobile: _____ Email: _____

CUSTODY

Have any Court Orders been issued regarding custody of the Camper? YES / NO

Are there any disputes regarding custody of the Camper? YES / NO

MEDICAL HISTORY

Impairment / Medical Condition:

Known Allergies (list any know allergies e.g. insect bites, nuts, sticking plaster)

Regular Medication

Medication	Dose (ml, mg, number of tablets)	Times when taken	Special instructions (self administered, crushed in jam or honey, taken with milk)

PRN Medication

Medication	Dose (ml, mg, number of tablets)	Times when taken	Special instructions (self administered, crushed in jam or honey, taken with milk)

Doctor's Name: _____ Phone No: _____

Address: _____

Medicare No: _____

Approx Date of last Tetanus Injection: _____

Hospital usually attends when ill: _____

Date of last visit to GP/ Specialist: _____

Bathing and Showering	Assistance required		If yes, please specify:		Equipment needed		Special routine	
	Yes	No						

Toileting	Assistance required		If yes, please specify:		Equipment needed		Special routine	
	Yes	No						
	Daytime Incontinence		Yes	No	Night time Incontinence		Yes	No

Sleeping	Usual Wake up time		Usual Bed time		Equipment needed		Special routine	
	Am		Pm					

Dressing	Assistance required		If yes, please specify:		Other useful information			
	Yes	No						

Mobility	Assistance required		Equipment/Aids Used		Do you require electrical charging points for equipment.		Other Useful Information:	
	Yes	No			Yes	No		
	Independent				Please specify			
	Yes	No						

Communication	Verbal	Non Verbal	If nonverbal, specify communication method (AAC, AUSLAN, Keyword sign)

Vision / hearing	Glasses worn		Other Useful Information:	Hearing aid worn		Other Useful Information:
	Yes	No		Yes	No	

Special Supervision Requirements		Other Useful Information:
Yes	No	

Nutrition / Eating	Assistance Required		Details		Food Allergies / Dietary Restrictions		Details	
	Yes	No			Yes	No		
	Likes				Dislikes			

Please rate the applicant's ability with the following situations					
	5 – Very good	4	3 – Average	2	1 – Poor
Social Skills					
Reaction to strangers / crowds					
Reaction to animals					
Swimming ability					

If any 'poor' rating, please tell us how you support the applicant when they are feeling overwhelmed in these situations:

Camp Opportunity 2022 Conditions:

- No alcohol or drugs (other than prescription) are permitted at Camp Opportunity
- No smoking is permitted on Camp Opportunity grounds
- The use of bad language will not be tolerated on camp
- Successful nominees will be advised directly by the Rotary District 9455 Camp Opportunity committee
- **Parents/Carers are responsible for transporting Campers to and from the camp.**
- **Campers who have previously attended are subject to committee review.**

DISCLAIMER

- Our Committee and Buddies are all volunteers who give their time freely to assist the campers and all activities and procedures at Camp Opportunity are examined for risk management implications.
- You, the Parent or carer, acknowledge that the Camper attends Camp Opportunity 2022 entirely at his/her own risk and agree that neither Rotary International nor any servant or agent of Rotary International (including any voluntary worker carrying out honorary duties or unpaid duties for Rotary International) shall in any circumstances whatsoever be under any liability to the applicant for any loss, damage or injury of whatever kind arising directly or indirectly from any act or default (whether negligent or otherwise) on the part of Rotary International or such servant or agent while acting in the course of or in connection with their employment or provision of services to or for Rotary International.
- You, the Parent or Carer, authorise Rotary District 9455 Camp Opportunity nurse/organisers to provide emergency medical care at my cost if not sufficient time to contact the nominated contact person. While we have a Camp nurse on site we are not a high care organization and generally Buddies and volunteers are without nursing or medical experience.
- You agree that if a Camper develops a condition requiring high care or endangers their health and safety, or that of the Buddies, Campers or volunteers, the Camp Opportunity Committee may decide to return the Camper to their parents or carer, as we have an obligation to all other participants to enjoy a minimum stress experience at Camp Opportunity.
- You authorise and agree to Rotary District 9455 using any photographs or any other material relating to the camper in any advertising or other marketing material used by Rotary for the purpose of promoting Camp Opportunity in the future.
- You agree you will not place any photograph of or other material relating to any person who attended Camp Opportunity on Facebook or Twitter or any other electronic media or on or in any hard copy media for business or personal reasons unless and until you have the written authority of the person who appears in the photograph or material and the Rotary District 9455 Camp Opportunity Committee.
- You agree that you will not otherwise make any photograph or other material relating to any person who attended Camp Opportunity available to be seen by the general public by any means unless and until you have the written authority of the person who appears in the photograph or material and the Rotary District 9455 Camp Opportunity Committee.

Signed Parent/Carer: _____

Date: _____

Name: _____

Campers Name _____

Committee use only

Committee use only					
Sponsoring Rotary Club					
Club contact:		Form Received			
Mobile		Payment received			
Email		Accepted	Yes	No	/ /202
Payment forwarded	/ /202	\$	Camper notified	/ /202	Via