

# St Nicholas Family Camp 2015

**Where:** The Island

41-53 Church Street,  
Cowes, Phillip Island

Ph: 5952 2201

[www.piar.cyc.org.au](http://www.piar.cyc.org.au)

**When:** 20<sup>th</sup> to 22<sup>nd</sup> February 2015

**Cost:** Children (13yo and under): \$110

Adult (14 and over): \$150

Family: \$500

**We kindly ask all parents to finalize payments by Sunday 1<sup>st</sup> February**

For more information or for any financial concerns  
please see Father Dimitri

We respectfully ask you to limit use of  
electronic devices whilst at camp.

**WE HOPE TO SEE YOU ALL THERE 😊**

St Nicholas Church Camp

# Registration Form

Participants' Names: \_\_\_\_\_

Number of Females: \_\_\_\_\_ Number of Males: \_\_\_\_\_

Number of people under 18: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

## **Dietary Requirements**

Does any of your family have special dietary requirements? YES NO

Please list their names and requirements:

## **Safety and Care Details**

In the event of emergency, please list phone numbers where next of kin may be contacted:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

## **Your agreement with St Nicholas Orthodox Church:**

I am aware in signing this document for my child's/my participation in this camp that certain elements of the program could be physically and emotionally engaging. Furthermore, I understand that certain inherent risks and dangers may exist in activities in which my child/I may participate in. I acknowledge that while the camp leaders will make every reasonable effort to minimize exposure to known risks, all hazards and dangers associated with the camp cannot be foreseen or may be beyond the control of St Nicholas camp leaders. In the event of an emergency where nominated contact people are not available:

- I authorize the leaders to obtain medical advice and/or assistance which they deem necessary
- I further authorize qualified practitioners to administer anesthetic if required
- I accept all operations, blood transfusion and/or anesthetic risks involved in the event that such procedures are deemed necessary
- I accept responsibility of payment and agree to pay medical, transport and any other related expenses

Names of parents/guardians: \_\_\_\_\_

Signatures of parents/guardians: \_\_\_\_\_