



MACHANE CHOVEVEI TZION WINTER CAMP APPLICATION

Affiliated with the JCA

CHILD 1

Surname: _____ Given Name(s): _____
 Address: _____
 Phone: (Home): () _____ (Mobile): _____
 Email: _____ Date Of Birth: / /
 Year Level: _____ Male / Female (please circle)

CHILD 2

Given Name(s): _____ Date Of Birth: / /
 Year Level: _____ Male / Female (please circle)

CHILD 3

Given Name(s): _____ Date Of Birth: / /
 Year Level: _____ Male / Female (please circle)

NOTE: No children will be allowed to attend camp if they have not paid prior to departure (excluding those who have a pre-arranged subsidy or payment scheme)

COST (PLEASE CIRCLE):

Years 3- 8: Members: \$240 Non Members: \$270
Years 9-12: Members: \$250 Non Members: \$280
 (2nd child discount = \$40 3rd child discount = \$60)

Habo Chultza (shirt), \$30: Yes No

Habo Membership (for 2008): 1 child = \$85, 2 children = \$135

*A subsidy fund has been created to allow us to support children who would otherwise be unable to attend camp. Please help if you can. Donation: \$ _____

Please contact Rebecca Nidorf (treasurer) on 0449895509 for additional information on subsidies or any questions regarding payment.

TOTAL AMOUNT ENCLOSED: \$ _____ chq. # _____

PLEASE MAIL TO: Habonim Dror Winter Camp, Jewish Centre, 61 Woodrow Ave Yokine, WA 6060

In the event of an accident or emergency, I authorize the Madrichim (leaders) of Habonim Dror, to obtain for my child all necessary medical and/or dental assistance and treatment as may be required. I agree to reimburse Habonim Dror and pay for all expenses incurred in relation to such assistance and treatment. I hereby release to the full extent permitted by law, Habonim Dror and its Madrichim from all claims and demands of every kind for any accidental harm or loss, which my child might suffer. I hereby indemnify Habonim Dror and its Madrichim to the full extent permitted by law for any loss, damages, expenses, claims, actions or suits brought for and on behalf of my child. Habonim Dror will accept no responsibility or liability in respect of either persons or property for any loss, damage, injury, illness, accident, delay or irregularity however occasioned during or while in transit to or from the campsite.

Signed _____ (parent/guardian) Date: / /



HABONIM DROR CAMP MEDICAL FORM

Surname _____

First Name _____

MEDICAL HISTORY: PLEASE NOTE "YES" or "NO" AND GIVE DETAILS. PLEASE WRITE CLEARLY.

	Yes	No		Yes	No		Yes	No
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>	Orthopedic Disturbances	<input type="checkbox"/>	<input type="checkbox"/>
Heart Disease	<input type="checkbox"/>	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	Peptic Ulcer	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Anemia	<input type="checkbox"/>	<input type="checkbox"/>			
Hernia	<input type="checkbox"/>	<input type="checkbox"/>	Kidney Disease	<input type="checkbox"/>	<input type="checkbox"/>			
Liver Disease	<input type="checkbox"/>	<input type="checkbox"/>	Rheumatic Fever	<input type="checkbox"/>	<input type="checkbox"/>			

Details _____

Mental Disorder (Depression etc) _____

Operations: _____

Special dietary needs _____

(If a nebulizer is required, please label and send with your child, as we do not provide)

Food Allergies: _____

Other important health problems not listed: _____

Do you give permission for the medic on camp to give your child Panadol? _____

Will your child be bringing prescribed medication to camp? Yes No

If Yes, what is the medication, dosage, and reason: _____

Medicare Number: _____

Private Health Fund: _____

Do you have ambulance cover? _____ (Highly recommended, costs \$60 a year.

http://www.ambulance.net.au/html/JoinAmbulanceBenefitFund/amb_cover_intro.html

Or call 08 9334 1222)

Emergency Contact Person: _____

Contact Phone: _____

SIGNED _____ (parent/guardian) DATE / /

INDEMNITY & RELEASE

1. In consideration of the acceptance of my application form and fee to Habonim Dror Australia Incorporated, I acknowledge that I have read and understood the terms of this indemnity and agree to be bound by the terms of same.
2. Except where provided or required by law and as such cannot be excluded, I agree that it is a term of my acceptance of my application form and fee (if accepted) that for myself, my executors, administrators, heirs, next of kin, successors and assigns, I hereby:
 - a. waive and release all claims that I may have against the Habonim Dror Australia Incorporated 159 100 569 30, its officers, directors, members, volunteers, employees, agents, sponsors, stakeholders, other participants, and any other persons involved in this activity ("the releasees") including any and all claims for damages caused by negligence or otherwise, arising out of my participation in the activity, together with any costs including legal fees that may be incurred as a result of any such claim whether valid or not; and
 - b. indemnify and hold harmless the releasees and each of them against any such claim that I or my guests or any one or more of my executors, administrators, heirs, next of kin, successors, or assigns may have or assert and against any costs including legal fees with respect to such claims.
3. If I am in breach of the terms of entry I agree to recompense the appropriate party/s for all loss and damage (including legal fees) arising out of such breach, including any damage to the party's reputation.
4. I attest and verify that I am physically fit and able to participate in the stated activity and that I have not been advised by a qualified medical practitioner not to participate.
5. I agree to abide by all the rules, regulations, and instructions given from time to time, governing this activity.
6. I accept that if the activity is cancelled for any reason whatever my entry fee may not be refunded.
7. The event has a privacy policy and the information I have provided on this form is necessary for the conducting of this activity and will only be used for the purpose of conducting this activity.
8. I consent to the publication and/or use in any form of media whatsoever of my name, image, voice, statements or otherwise, without payment or compensation.
9. I have voluntarily entered into this agreement and have read, understood and acknowledged the terms of entry including the warning, exclusion of liability, release, indemnity and information provided elsewhere in the application form.

I hereby acknowledge that I have read, understood and accept the agreement.

Signature: _____ Date: _____

(Please note: You personally must sign this agreement.)

DECLARATION FOR MINORS

If you are under 18 years at the time of entering the Event, this declaration MUST be signed by your parent or guardian.

I, _____ of _____ certify that I am the parent/guardian of ("the minor") who will be () years of age on the day of participation of the activity. In consideration of the Habonim Dror Australia Incorporated accepting the Minor's application to participate in the activity, I agree to indemnify and shall keep indemnified the Habonim Dror Australia Incorporated in respect of any losses they or any of them may suffer as a consequence of any claim/s by the Minor and to the same extent as any other participant indemnifies the Habonim Dror Australia Incorporated pursuant to the Clause 1 above.

Signature of Parent/Guardian: _____ Date: _____