

**Medical History:** Please list any relevant medical history that is necessary for us to maintain your child's safety and welfare for the week – including allergies, bed wetting, asthma etc.

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**Medication:** Instructions for the administration of any medication which may need to be taken.

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**Medicare Number:** \_\_\_\_\_

**Special Dietary Needs:** An additional form will be sent to fill in.

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**In the event of an emergency please contact:**

(1) Name: \_\_\_\_\_  
Relationship to camper: \_\_\_\_\_  
Phone: Home (    ) \_\_\_\_\_  
Work (    ) \_\_\_\_\_  
Mobile \_\_\_\_\_

(2) Name: \_\_\_\_\_  
Relationship to camper: \_\_\_\_\_  
Phone: Home (    ) \_\_\_\_\_  
Work (    ) \_\_\_\_\_  
Mobile \_\_\_\_\_

I understand that while every possible action will be taken to ensure the safety of my child, and while all due care will be exercised by the leaders and Camp Fletcher staff, they will not incur any liability for any accident or sickness to my child or any damage to personal property that might occur. Should my child require urgent hospital or medical treatment, I hereby give my consent for you to obtain the necessary treatment with all possible speed and for it to be at my own expense. I understand that in the event of such an emergency occurring, that wherever possible, every reasonable effort will be made to contact me before treatment is undertaken.

The campers will be leaving the Camp Fletcher premises on Wednesday, 5th of July for an outing. Children will be supervised by Junior Camp leaders at all times.

I give permission for my child to participate in the full camp programme.

Signed: \_\_\_\_\_  
Parent/Guardian

Date: \_\_\_\_\_

# CAMP FLETCHER HAZELBROOK

# JUNIOR CAMP JULY 3rd-7th 2017



This is an activity organised by the Fellowship of Congregational Churches (FCC)  
Camp Fletcher is owned and run by the FCC



# Under the sea

## ACCOMMODATION

Campers stay in cabins with at least one leader responsible for every six campers. All cabins are carpeted and heated. The main hall is also heated. The meals are freshly cooked by the resident cooks and include 3 meals plus morning tea, afternoon tea and supper. There is always a large bowl of fresh fruit available for extra between meal snacks!

## TRAVEL TO CAMP

Most campers and leaders travel to and from camp in a large group by train from Central Station to Hazelbrook. Campers may join groups meeting at various stations to travel to Central, then to Hazelbrook as one group.

## COST

The FCC subsidises accommodation at Camp Fletcher for Junior Camp so we can keep our costs down.

- \$ 180 per camper
- \$ 150 for 2nd and 3rd child in same family

### Deposit Required

\$50 per camper due by Friday 9th June, 2017

Full Fees Due: By Wednesday 28th June, 2017

## COST INCLUDES

- ALL MEALS
- ACCOMMODATION
- DAY TRIP TO SYDNEY AQUARIUM
- CRAFTS, GAMES, ACTIVITIES

## OTHER ACTIVITIES

Include hikes, movies, games, singing, studies, and a dress up night. All details and travelling arrangements will be forwarded to you on receipt of the Registration Form.

## CAMP DIRECTORS

For any enquiries regarding camp and registration:

**Greg Harvey and Katherine Murray**

11 Garnet Road,  
Miranda, NSW 2228

Phone *Greg:* 0402 309 897

*Katherine:* 1411 754 907

Email [fccjuniorcamp@gmail.com](mailto:fccjuniorcamp@gmail.com)

## CAMP PARENTS

For any enquiries regarding your child's medication and care:

**Michael and Amanda Hunt**

Phone *Michael:* 0421 643 617

*Amanda:* 0433 143 059

Email [thehunts@oddssocks.net](mailto:thehunts@oddssocks.net)

## HOW TO REGISTER

To register, complete the Registration Form and return to the Camp Directors on paper or by email to [fccjuniorcamp@gmail.com](mailto:fccjuniorcamp@gmail.com) no later than 9th of June with a deposit or the full camp fees for each camper.

Get your forms in quickly to make sure you get a spot.

### Cheques payable to:

Fellowship of Congregational Churches

### Electronic Funds Transfer:

BSB No: 062 253

Account Number: 0090 1607

Title: Fellowship of Congregational Churches.

Specify transaction detail: Junior camp payment.

## JUNIOR CAMP REGISTRATION FORM

Surname: \_\_\_\_\_

Preferred name: \_\_\_\_\_

Male  Female  DOB \_\_\_\_\_ AGE \_\_\_\_\_

Year at School: \_\_\_\_\_

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

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

Email: \_\_\_\_\_

We try to arrange Chalets so campers are with their friends. Please list any friends coming to camp.

Camper attends Church, Sunday School, Scripture, Youth activities, etc. at:

### Forward Journey (Please tick)

1. My son/daughter will be travelling to camp by:

Train  Car

2. My son/daughter will join the group at:

Miranda  Padstow/Revesby

Central

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

### Return Journey (Please tick)

1. My son/daughter will be travelling home by:

Train  Car

2. Please nominate the final railway station stop for safety and supervision purposes.

Thank you

Please find enclosed \$ \_\_\_\_\_ cash/cheque being deposit/full payment.

By signing this form, you give permission for junior camp leaders to photograph your child for camp mementos and promotional purposes for future camps.

I DO NOT give permission and would like to opt out

