

# 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: \_\_\_\_\_

**Please attach a current photo of the camper.**

## 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: \_\_\_\_\_

### PREVIOUS CAMP EXPERIENCES

Has the camper previously attended a support camp run through Rotary? YES / NO

Has the camper previously attended an overnight camp? YES / NO

### 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

Diagnosis / 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)

Practice Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

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

Medicare No: \_\_\_\_\_ Approx. Date of last Tetanus Injection: \_\_\_\_\_

Hospital usually attends when ill: \_\_\_\_\_

Date of last visit to GP/ Specialist: \_\_\_\_\_

COVID-19 Vaccination details: \_\_\_\_\_

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

<b>Toileting</b>	Assistance required		If yes, please specify:	Equipment needed	Special routine	
	Yes	No				
	Daytime Incontinence		Yes	No	Nighttime Incontinence	Yes

<b>Sleeping</b>	Usual Wake up time		Usual Bedtime		Equipment needed	Special routine	
	Am		Pm				

<b>Dressing</b>	Assistance required		If yes, please specify:	Other useful information			
	Yes	No					

<b>Mobility</b>	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						

<b>Funding</b>	We are able to contribute funds to support the cost of attendance at Camp Opportunity?		<b>Please note:</b>				
	Yes	No	You may be able to use a portion of your NDIS Funding to support Camp Opportunity. However, not everyone on a NDIS Plan will meet the criteria for camp/recreation funding. Please speak to your NDIS Support Coordinator to see if funding is available.				

The cost per attendee at Camp Opportunity is \$850, we welcome any voluntary contribution that you are able to comfortably make to the continued running of Camp Opportunity.

<b>Communication</b>	Verbal	Non-Verbal	If nonverbal, specify communication method (AAC, AUSLAN, Keyword sign)		

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

<b>Special Supervision Requirements</b>		Other Useful Information:
Yes	No	

<b>Nutrition / Eating</b>	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
<b>Social Skills</b>					
<b>Reaction to strangers / crowds</b>					
<b>Reaction to animals</b>					
<b>Swimming ability</b>					

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

**Camp Opportunity 2025 Conditions:**

- The use of alcohol or drugs (other than prescription) is not 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 9423 Camp Opportunity committee
- All attendees must be in compliance with the current State Government COVID-19 vaccination requirements or hold a lawful exemption valid for the end date of our camp (25/01/2025).
- *Failure to comply with these requirement will result in ineligibility to attend camp.*
- Parents/Carers are responsible for transporting Campers to and from the camp.
- **CAMPERS WHO HAVE ATTENDED A ROTARY CAMP OPPORTUNITY OR HANDICAMP PREVIOUSLY ARE NOT ELIGIBLE TO ATTEND AGAIN.**

**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 2025 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 9423 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 9423 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 9423 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 9423 Camp Opportunity Committee.

Signed Parent/Carer: \_\_\_\_\_

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

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

Campers Name \_\_\_\_\_

**Committee use only**

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