

# Camper Details

Camper Name:

## Camper Information

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Date of Birth:

Gender:

School:

School Year:

How did you hear about us?

Have you been on Mountain Trails camp before?

## Parent/ Guardian Information

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Parent/ Guardian Name:

Relationship to camper:

Email:

Postal Address:

Home Ph:

Mobile Ph:

Work Ph:

## Emergency Contact

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Emergency Contact:

Relationship to camper:

E Mobile Ph:

E Home Ph:

E Work Ph:

## Camp Information

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Discount Disclaimer

Please note - you can claim either the 'Bring A Friend Discount'  
OR the 'Sibling Discount'. NOT BOTH

Discount:

Sibling/ Friend name:

I would like to be bunked with:

I would like to be in an activity group with:

## Medical/ Physical Information

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Medicare Number:

Position on card:

Does the camper suffer from:  
ADHD/ Behavioural Issues:  
Allergies (inc. drugs and food):  
Anaphalxis:  
Respiration problems/ Asthma:  
Abdominal problems:  
Blackouts, fits or epilepsy:  
Recent illness or operations:  
Migraines:  
Fears or phobias:  
Bed wetting:  
Mental health:  
Restrictions of activities:  
Disabilities (physical, intellectual, or emotional):  
Heart problems:  
If you checked yes to any of the above,  
please give full details:

Can the camper swim 50m unaided?

#### Riding Information (Senior Campers Only)

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Which elective does the camper wish to participate in:

Please note: We will do our best to accommodate this.

Height of camper (cm):

Riding experience (in the last 12 months):

#### Medication Information

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What year was the camper's last tetanus booster?

Does the camper require medication whilst on camp?

If yes, please provide medication information:

Please Note: We request that you send only the amount of medication required during camp, clearly labelled with the camper's name and the required dosage. Please advise what the medication is for. Medication will be handed to leaders upon pick up.

#### Dietary Information

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Does the camper have any special dietary needs/food allergies?

Vegetarian:

Diary free:

Gluten free:

Lactose free:

Wheat free:

Please provide details about which foods are a problem, what type of food reaction and severity:

Courtesy Bus Information

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I would like the camper to be picked up from:

Medical/ Physical Information

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I do give / do not give permission for the camper's photo to be taken and acknowledge that the photographs potentially could be used by Mountain Trails Adventure School in brochures, special displays, Website or on social media such as FaceBook, Instagram or Twitter. I acknowledge that ownership of such material is retained by the Mountain Trails adventure school.

Photo/Video Permission:

Risk Disclaimer

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I the undersigned, agree to the Camper attending Mountain Trails Adventure School and participating in their programs as noted above, which may include caving, rock and other climbing, trampolining, bushwalking, abseiling, horse riding, trail bike or mountain bike riding, whip cracking, archery, ropes courses, orienteering, swimming, canoeing, bush cooking over campfires, and other games and outdoor pursuits, as well as the transport to some activities. The Camper will be required to observe all necessary safety rules.

I appreciate, these programs and the natural environment carry some risk and can result in occasional injuries. Whilst I understand that Mountain Trails will exercise all care, Mountain Trails Adventure School and its Team cannot and do not guarantee that campers will not sustain personal injury, or theft of property, during camp. I release Mountain Trails Adventure School and its Team from all claims arising out of personal injury, or loss or theft of property, sustained by the Camper during their camp except only to the extent that said personal injury, or loss or theft of property is occasioned due to negligence on the part of Mountain Trails Adventure School and its staff, leaders or agents.

I agree to advise Mountain Trails Adventure School if prior to the commencement of the camp, the Camper contracts any ailment considered likely to be detrimental to the health of others.

I authorise Mountain Trails Adventure School and its Team to obtain for the Camper all medical treatment and attention considered reasonably necessary, at my expense, provided I am notified of the circumstances and treatment required as soon as practicable.

I agree that attendance on the program is on this basis and I verify the details above. For the safety of all campers, I also understand that it is a condition of entry to Mountain Trails that belongings may be searched if contraband is suspected.

Are you the parent or legal guardian for this child?\*

Name of Parent/Guardian/Person Responsible

Contact Details

\*if you don't have the legal capacity to agree to this waiver, you can still book the child into the camp. However, we will send the waiver to the responsible person for their signature.

Name and contact details of other person making the booking