Mannum FREE SCHOOL HOLIDAY ACTIVITIES 5 - 8 year olds

Monday 22nd December    Adelaide Hills

BIG ADVENTURE DAY@ MYLOR

Bus pick up/drop off in Murray Bridge, Mannum & Callington. Age appropriate Adventure activities include; Giant Swing, Water Activities, Flying Fox & much more.

Fun & safety guaranteed. Snacks & lunch included. See overleaf for Bus pickup times & what to bring

Bookings & registration forms Essential
Parents & carers welcome

Tuesday 20th January: 9.30 – 1pm

MINI ADVENTURE DAY

5 – 8 year olds @ Mannum Community Hub.

Age & ability appropriate games, mini challenge course, races, indoor & outdoor fun. Lunch Included.

BOOKINGS ARE ESSENTIAL    Ph: 8388 5234
Email adventurecamping@baptistcaresa.org.au

Baptist Care (SA) Inc are a Community Partner of Communities for Children Murraylands
PLEASE COMPLETE & RETURN REGISTRATION FORM PRIOR TO PROGRAM COMMENCEMENT - not on the day of the program

What to Bring

- Change of clothes
- Bathers / swimming clothes / 1 towel
- Runners, old shoes (for wet and muddy activities) Please note covered toe footwear is to be worn at all times
- Plastic bag for wet and muddy clothes
- Hat / Sunscreen
- Prescription medication; labelled with name and dosage and stored in a clear plastic container. Please hand over to staff at commencement of the program day.

It is recommended that you bring/wear older clothes.

We recommend that you have your child’s name on their belongings.

All valuables are the complete responsibility of the camp/activity participant.

Please ensure your child’s belongings are secured in a proper backpack or carry bag. Do not use plastic bags or garbage bags as they often tear open.

Children are asked not bring any type of food, lollies or soft drinks unless previously arranged with Campsite Management. Dietary food will be negotiated before start of camp.

PLEASE NOTE: No electronic games, iPods, money, aerosol spray cans, radios, music devices are to be brought onto this program. This is to ensure total engagement in the program being delivered. Baptist Care will accept no responsibility for any missing or damaged items of such nature. If the child is to have been found with such items they will be handed over to program staff who will then store them and return them at the end of the activity. We ask that mobile phones only be used to contact your child before and after the sessions.

Where to meet-Monday December 22nd-Bus pick up and drop off times

**Mannum; Depart 8:15 am / Return 5pm**
- Mannum Community Hub, 58 Walker Avenue, Mannum SA 5238

**Murray Bridge; Depart 8:45 am / Return 4.30pm**
- The Station, 3-5 Railway Terrace Murray Bridge

**Callington; Depart 9:15 am / Return 5pm**
- Callington Memorial hall, Callington road

Phone Contact 0432455504

Baptist Care (SA) Inc
Mannum **FREE SCHOOL HOLIDAY ACTIVITIES** 9 – 12 year olds

**Monday 22nd December**

**BIG ADVENTURE DAY @ MYLOR**

Bus pick up/drop off in Murray Bridge, Mannum & Callington. Age appropriate Adventure activities include; Giant Swing, Water Activities, Flying Fox & much more. Fun & safety guaranteed. See overleaf for Bus pickup times & what to bring.

Bookings & registration forms

**Thursday 8th January: 9.30 – 1pm**

**ADVENTURE DAY**

9 - 12 year olds  Mannum Community Hub

Giant Challenge Course, fun group activities, indoor & outdoor fun. You’ll have fun, get a bit wet and have a feed!

**Thursday 22nd January; 9.30 – 1pm**

**DRUMMING WORKSHOP**

9 - 12 year olds only Give it a go! Lunch included

**BOOKINGS REQUIRED**  Ph: 8388 5234

Email: adventurecamping@baptistcaesa.org.au

Delivered by our Community Partner

Baptist Care (SA) Inc

Anglican Community Care Inc  |  ABN: 53 440 436 445  |  Charity Licence CCP1186
Web: www.accare.org.au  |  Email: CommunitiesForChildren@accare.org.au
Communities for Children is funded by the Australian Government Department of Social Services
Communities for Children
Murraylands

PLEASE COMPLETE & RETURN REGISTRATION FORM PRIOR TO PROGRAM COMMENCEMENT - not on the day of the program

What to Bring

- Change of clothes
- Bathers / swimming clothes / 1 towel
- Runners, old shoes (for wet and muddy activities) Please note covered toe footwear is to be worn at all times
- Plastic bag for wet and muddy clothes
- Hat / Sunscreen
- Prescription medication; labelled with name and dosage and stored in a clear plastic container. Please hand over to staff at commencement of the program day.

It is recommended that you bring/wear older clothes.

We recommend that you have your child’s name on their belongings

All valuables are the complete responsibility of the camp/activity participant

Please ensure your child’s belongings are secured in a proper backpack or carry bag. Do not use plastic bags or garbage bags as they often tear open.

Children are asked not bring any type of food, lollies or soft drinks unless previously arranged with Campsite Management. Dietary food will be negotiated before start of camp.

PLEASE NOTE: No electronic games, iPods, money, aerosol spray cans, radios, music devices are to be brought onto this program. This is to ensure total engagement in the program being delivered. Baptist Care will accept no responsibility for any missing or damaged items of such nature. If the child is to have been found with such items they will be handed over to program staff who will then store them and return them at the end of the activity.

We ask that mobile phones only be used to contact your child before and after the sessions.

Where to meet - Monday December 22nd

Bus pick up and drop off times;

**Mannum: Depart 8:15 am / Return 5pm**
- Mannum Community Hub; 58 Walker Avenue, Mannum SA 5238

**Murray Bridge: Depart 8:45 am / Return 4.30pm**
- The Station; 3-5 Railway Terrace Murray Bridge

**Callington: Depart 9:15 am / Return 5pm**
- Callington Memorial hall, Callington road

Delivered by our Community Partner

Baptist Care (SA) Inc

Phone Contact 0432455504
Registration Form: Summer Holiday Activities
December 2014 and January 2015

Return this form to book your place on one or more activities BEFORE the date of the first activity you want to go on, via:

- Baptist Care Fax (08) 8388 5796;
- Email: adventurecamping@baptistcaresa.org.au
- ac.care office 11-21 Kennett Road, Murray Bridge 5253 Ph: (08) 8532 6303

Any Questions? Please phone 8388 5234 for more information

PARTICIPANT DETAILS

Participant Full Name: ____________________________ Date of Birth: ___ / ___ /20__ Age: ___ yrs

Address: ____________________________________________________________________________

Parent phone number: ____________________________ Email: ____________________________

Gender: M / F School: ____________________________ Is this child under the Guardianship of the Minister? Yes [ ]

Does your child identify with being Aboriginal / Torrens Straight Islander? Yes [ ]

Emergency Contact #1: name: ___________________ phone number: __________________________

Emergency Contact #1: name: ___________________ phone number: __________________________

Medical: Does your child wear Glasses or Contacts? Y / N Date of last Tetanus injection ___ / ___ / ___

If you answer ‘yes’ to any of the following we will need to contact you for more information

Any Allergies?: Y / N Regular Medications?: Y / N Dietary needs?: Y / N

Physical Disability?: Y / N Emotional/ behavioural/ Mental Health problems?: Y / N

Asthma?: Y / N Can your child swim ( please circle)? 50 m 100 m 250 m+ 500 m

Is there any other medical condition we should be aware of? ____________________________

CIRCLE THE AGE GROUP BELOW EACH ACTIVITY YOU’D LIKE TO REGISTER FOR:

<table>
<thead>
<tr>
<th>Thurs 18 Dec 14</th>
<th>Mon 22 Dec 14</th>
<th>Wed 7 Jan 15</th>
<th>Thurs 8 Jan 15</th>
<th>Tues 20 Jan 15</th>
<th>Wed 21 Jan 15</th>
<th>Thurs 22 Jan 15</th>
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<tbody>
<tr>
<td>Callington</td>
<td>All Areas</td>
<td>Murray Bridge</td>
<td>Mannum</td>
<td>Mannum</td>
<td>Callington</td>
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<td>5-8</td>
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DATA COLLECTION:
Does any of the following apply to you/your child? [ ] CALD [ ] Employed [ ] Young parent <20 years of age
INDEMNITY

1. I, (Parent/legal guardian name) _____________________________ hereby give permission for
   (Participant name) _____________________________ to attend Baptist Care Adventure Services Camp
   And I agree to follow the advice and direction of Baptist Care/Adventure camping staff.

2. I consent to Baptist Care/Adventure camping (which, in this document includes its agents and employees) obtaining any
   medical treatment that may be required including calling an ambulance service if, in its absolute opinion, it is required, and
   I agree to indemnify and hold forever indemnified Baptist Care from all costs arising from or associated with its decision to
   use an ambulance service.

   I agree to inform/give Baptist Care/Adventure camping staff all medication to be taken on the program. I hereby give
   permission for Baptist Care first aid officer to issue medications if elected to do so and to administer nominated
   medications if required.

3. I understand that there are inherent risks associated with Adventure Camping Services activities and I agree to observe
   and fully comply with the safety standards and procedures, as described by Baptist Care/Adventure camping staff for each
   activity.

4. I consent/give permission for any photographs taken by Baptist care staff to be used for promotional purposes.

5. I understand that Baptist Care shall not be liable for physical injury, or personal loss or damage to personal property
   except where such injury, loss or damage is due to negligence on the part of Baptist Care its agents and servants; AND I will
   indemnify and hold harmless and will keep indemnified and held harmless Baptist Care and its agents and servants from all
   claims, costs, damages, loss, expenses, actions or proceedings arising out of, connected with or in any way related to my
   participation on the program.

6. At Baptist Care, your personal information:
   a) is collected and used for the purpose of providing you with service which is individually suited to you
   b) will be stored securely
   c) will not be passed to third parties, unless with your express permission,# when requested by the relevant authorities
      to protect people (including children) from harm or abuse, or when a person is at risk
   d) may be accessed by staff associated with your service delivery
   e) may be viewed by external auditors to assist with improving the quality of the services provided
   f) can be seen by you, at your request

   Unless you say otherwise, the consent will last for 12 months. You can withdraw you consent at any time.

   DECLARATION
   □ I consent to my personal information being kept and used as described above
   □ I do not consent to my personal information being kept and used as described above

Authorisation

I understand that if I do not provide any information requested of me it may affect the quality of service I receive.

Name (Parent /Legal Guardian): _____________________________

Signed ___________________________ DATE: _______/_______/______
