

## NOMINATION FORM - CAMPER

### CAMPERS DETAILS

Please  
attach photo

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Height: \_\_\_\_\_ cm Weight: \_\_\_\_\_ kg

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

Home Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: Male/Female

Language spoken at home: \_\_\_\_\_

### PARENTS/CARERS

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

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

Home Phone Number: \_\_\_\_\_ E-mail \_\_\_\_\_

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

Work Phone Number: \_\_\_\_\_ Mobile: \_\_\_\_\_

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

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

Home Phone Number: \_\_\_\_\_ E-mail \_\_\_\_\_

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

Work Phone Number: \_\_\_\_\_ Mobile: \_\_\_\_\_

### EMERGENCY CONTACT PERSON

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Relationship to Camper: \_\_\_\_\_

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

Home Phone Number: \_\_\_\_\_ E-mail \_\_\_\_\_

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

Work Phone Number: \_\_\_\_\_ Mobile: \_\_\_\_\_

### CUSTODY

Have any Court Orders been issued regarding custody of Camper? YES / NO

Are there any disputes regarding custody of the camper? YES / NO

**MEDICAL HISTORY**

Impairment/Medical Condition:

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Known Allergies: *(list any known allergies e.g. Insect bites, nuts, sticking plaster)*

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**Regular Medications:**

Medication	Dose (ml, mg, number of tablets)	When taken	Special instruction (Self administered, crushed in jam/honey, taken with milk)

**PRN Medications:**

Medication	Dose (ml, mg, number of tablets)	When taken	Special instruction (Self administered, crushed in jam/honey, taken with milk)

Doctor's Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

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

Medicare No. \_\_\_\_\_

Approximate date of last tetanus injection: \_\_\_\_\_

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**PERSONAL ASSESSMENT**

**Bathing & Showering**

Assistance Required: YES / NO

Details: \_\_\_\_\_  
\_\_\_\_\_

Equipment Required: \_\_\_\_\_

**Toileting**

Assistance Required: YES / NO

Details: \_\_\_\_\_  
\_\_\_\_\_

Day continence: YES / NO

Night continence: YES / NO

Usual name/sign for toilet: \_\_\_\_\_

Equipment Required: \_\_\_\_\_

**Sleeping**

Usual Bedtime: \_\_\_\_\_ Usual Waking Time: \_\_\_\_\_

Equipment Required: \_\_\_\_\_

Other information/routine: \_\_\_\_\_  
\_\_\_\_\_

**Dressing**

Assistance Required: YES / NO

Equipment Required: \_\_\_\_\_

Other information/routine: \_\_\_\_\_  
\_\_\_\_\_

**Mobility**

Independent: YES / NO

Needs Supervision/assistance: YES / NO

Dependent: YES / NO

Equipment Required: \_\_\_\_\_  
\_\_\_\_\_  
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**Communication (Verbal/Non Verbal)**

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**Vision**

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**Special Supervision Requirements**

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**Nutrition/Diet/Eating**

Assistance Required:            YES / NO

Describe: \_\_\_\_\_  
\_\_\_\_\_

Known Likes: \_\_\_\_\_  
\_\_\_\_\_

Known Dislikes: \_\_\_\_\_  
\_\_\_\_\_

Food Allergies/Restrictions: \_\_\_\_\_  
\_\_\_\_\_

Other Information: \_\_\_\_\_  
\_\_\_\_\_

**Social Skills**

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**Reaction to Strangers**

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**Reaction to Animals**

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**Fears or Phobias**

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**Pastimes/Hobbies**

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**Fear of Water or any Requirements in and Around Water**

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**Additional Information:**

**Please document any additional information that may impact on the level of supervision your camper may require. This may include strategies used for behavioral management, reinforcement or wellbeing.**

(This information is required to ensure we are able to provide a safe environment for all campers)

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**Handicamp 2009 Conditions**

- No Alcohol or Drugs (other than prescription or panadol) are permitted at Handicamp.
- No Smoking is permitted on Handicamp Grounds
- Successful nominees will be contacted directly by the Rotary District 9470 Handicamp Committee, and provided with registration times, general details and a recommended kit list
- Parents/Carers are responsible to for transportation of Campers to and from the camp ground
- **CAMPERS WHO HAVE ATTENDED A ROTARY HANDICAMP PREVIOUSLY ARE NOT ELIGIBLE TO ATTEND AGAIN**

**Disclaimer**

You, the parent or carer, agree that Rotary may use any photographs or any other material that may include the camper for the purpose of promoting Handicamp in the future.

You acknowledge that the camper attends Handicamp 2009 entirely at their 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 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.

I authorise Handicamp nurse/organisers to provide emergency medical care at my cost if not sufficient time to contact my nominated contact person.

Campers Name: \_\_\_\_\_ Parent/Carer Signature: \_\_\_\_\_

**Our buddy's are all people who volunteer their free time to assist the campers.**  
**All activities and procedures at Handicamp are examined for risk management implications.**

**SPONSORING ROTARY CLUB**

Rotary Club of \_\_\_\_\_

Has enclosed a cheque for payment Yes / No

Club Contact \_\_\_\_\_

Phone (H): \_\_\_\_\_ Phone(W): \_\_\_\_\_

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

**PLEASE RETURN THIS FORM WITH PAYMENT TO:**

**Handicamp 2009 Committee**  
**PO Box 124**  
**BURSWOOD WA 6100**

**Committee Use Only**

Form Received: \_\_\_\_\_ Payment: YES/NO Application Accepted: YES/NO

Applicant Notified (Date): \_\_\_\_\_ Club Notified (Date): \_\_\_\_\_