

WVA Family Camp Registration Form



Family Name: _____

Main Family Contact Name: _____

Number: _____

Email Address: _____

Emergency Contact Name: _____

Number: _____

Family Postal Address: _____

Family Information:

Number of Adults Attending: _____

Number of Children Attending: _____

Camp Cost:	
• Adults (18+) - \$260	• 2-4yrs - \$90
• 13-17yrs - \$240	• Under 2yrs - \$0
• 5-12yrs - \$190	

Details:

First Name:	Surname:	Date of Birth:	Fee:
_____	_____	_____	Adult/Child \$_____
_____	_____	_____	Adult/Child \$_____
_____	_____	_____	Adult/Child \$_____
_____	_____	_____	Adult/Child \$_____
_____	_____	_____	Adult/Child \$_____
_____	_____	_____	Adult/Child \$_____
_____	_____	_____	Adult/Child \$_____
_____	_____	_____	Adult/Child \$_____
_____	_____	_____	Adult/Child \$_____
_____	_____	_____	Adult/Child \$_____
			TOTAL: \$_____

If you have more children or adults than space provided on this form, please fill out another form. You can leave the rest of the form blank, just fill in the extra details and write your family name at the top.

Payment Information:

Payment for WVA Family Camp is to be completed via Bank Transfer prior to camp.
Families with a Health Care Card can receive 10% off or the large family cap of \$1050 (6 people - 2 adults, 4 children) Larger families negotiable.

For your registration to be accepted, we require a \$50 deposit to be paid. Until this deposit is paid we will not accept the registration, and your place on camp may be filled by another family.

Use the following bank details to pay your camp fee:

- Account Name:** OACM WA
- BSB Number:** 036-302
- Account Number:** 176794
- Reference:** WVAF“Your family name”

Please return this form to wva@oac.org.au or for more information call Sally at 0410 432 370

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Family Name: _____

Medical Information:

Do you have Ambulance Cover? No / Yes / Will have by camp

Medical Conditions: _____

Special Dietary Requirements: _____

We will only accept medically diagnosed requirements, not food that is 'disliked'.

Medications we need to know about: _____

Allergies: _____

Please read the information provided on OAC Ministries Privacy, Safety, and Waivers below.

<https://www.oac.org.au/wa/worldview-australia/wva-child-safety/>

<https://www.oac.org.au/wa/worldview-australia/wva-waivers/>

<https://www.oac.org.au/wa/worldview-australia/wva-privacy-info/>

Covid 19 Declaration:

I declare that if any member of my family is unwell with COVID-19 symptoms before camp, I will withdraw them from camp with written notice to the Worldview Australia Team. Upon withdrawal for this reason, I will receive a full refund. I understand that if I do not notify the WVA Team before camp starts and my family does not attend, no refund will be given.

I acknowledge that in the event that my family shows two of the four COVID-19 symptoms (fever, cough, shortness of breath, sore throat), they will be tested for COVID-19 at the closest clinic and isolated until a result is available.

In the event that there are changes in restrictions, we reserve the right to cancel our camps, in which case you will receive a full refund or given the option to transfer monies to another program.

I have read and agree to the COVID-19 Declaration

Sign: _____

Agreements:

I consent for photos of myself and my family to be used by OAC Ministries for promotional material.
Yes / No

I release indemnify and hold harmless OAC Ministries (which includes "Worldview Australia" and it's representatives) for any damage to or loss of personal property incurred by and/or caused by myself or my family.

I release indemnify and hold harmless OAC Ministries (which includes "Worldview Australia" and it's representatives) for any personal injury suffered by and/or caused by myself or my family.

By signing below I acknowledge that I have read and agreed to the above statements on behalf of the individuals listed in this registration form.

Name: _____

Sign: _____

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