**Please register by Sunday, 16 June.** No camper will be allowed to attend without a completed 2024 Registration Form. Please scan/take a photo and email (with parent signature) to registrations@hillview.info. More information about Hillview Camps can be found at www.hillview.info

**Camper Details**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name** |  | **DOB** |  |  |  |
| **Address** |  |
| **E-mail** |  | **School Grade** |  |
| **Home Phone** |  | **Mobile** |  |

**Parent/Guardian Contact**

|  |  |
| --- | --- |
| **Name** |  |
| **Home Phone** |  | **Mobile** |  |

**Emergency Contact**

|  |  |
| --- | --- |
| **Name** |  |
| **Relationship to camper** |  |
| **Home Phone** |  | **Mobile** |  |

Please provide details of dietary needs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(If your child has special dietary requirements, please send appropriate food with your child)*

Please provide details of any allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please provide details of any medical conditions and medications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medicare number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby consent to my son participating in Boys Camp at Hillview, Old Bonalbo from **8 July to 11 July 2024**. I understand that all reasonable care will be taken for his physical and moral wellbeing, but also that Hillview Bible Studies and its delegates cannot be held responsible for accident or sickness during the week. In case of an accident and I cannot be contacted, I give permission for Hillview Bible Studies and its delegates to obtain appropriate medical attention for my son.

I give permission for my son to travel to “Hillview”, Old Bonalbo, and understand that Hillview Bible Studies and other supervising personnel cannot be held responsible for any unforeseen accidents or delays in the travelling arrangements.

**I ☐ give (or) ☐ do not give** (please tick) consent for video footage and photographs to be taken of my son and used for promotional material for Hillview Boys Camp.

I understand that should a situation of extreme misbehaviour arise, or if my child becomes unwell, a parent or guardian is expected to accept responsibility for the child’s transport home.

Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_