



## Individuals Details (I.D.) Form

The information on this document must be included on your camp registration form or permission note, as this document replaces all indemnity forms.

	First Name	Surname	Age & Gender <small>Tick if over 18 years</small>	Medical Conditions <small>List ANY medical conditions that would in any way hinder or prevent the participant from engaging in ANY physical activity.</small>	Dietary Requirements <small>For medical or religious purposes.</small>	Accommodation & Activities <small>Permission to stay at The Centre and participate in activities both onsite and offsite. Yes / No</small>	First Aid <small>Parent/Guardian consent for CCBS staff in the absence of a teacher / leader to administer First Aid, or call an ambulance in the event of an injury, accident or medical emergency. All costs will be borne by the Parent / Guardian. Yes / No</small>	Photos <small>Permission for CCBS staff to take photos of participants engaged in activities for the sole purpose of future advertisement in any media form that The Centre wishes to use. Yes / No.</small>
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As stated in CCBS Terms and Conditions, this form MUST be completed and returned to CCBS via fax on (02) 6653 5137 no later than 2 weeks prior to your arrival. Please copy this page if more space is required. Information obtained from this form will only be used in the planning and co-ordination of your groups' event.

Group Name: \_\_\_\_\_

Name of Camp Co-ordinator: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Camp Coordinator Mobile Number: \_\_\_\_\_ Bus Driver Mobile Number: \_\_\_\_\_