Please find enclosed the details for the Burns Support Family camp to be held on the weekend of Friday, 15th to Sunday, 17th November 2019.

Our venue for the camp is:  
Camp Toukley, Lutanda - 32B Evans Rd, Canton Beach NSW 2263

The Venue Manager has requested that we arrive after 5.30 pm as there will be a group in before us.

Light nibbles will be available on Friday night. All other meals will be provided including Sunday lunch. Any person requiring special meals MUST NOTIFY Camp Coordinator 10 days prior to camp.

Activities have been planned throughout Saturday and Sunday, including Sessions with Sandra Spalding (Social Worker), on Saturday. You will be allocated to a group for activities and you can NOT change groups once you have been allocated.

Your rooms need to be vacated by 10am on Sunday. PLEASE leave them clean & tidy for inspection by Venue Management.

Sunday lunch will be served at 1pm and Venue Management require us to leave the camp site no later than 2pm.

PLEASE RETURN ALL BELOW FORMS TO OUR POSTAL ADDRESS BY 1st November 2019

This pack includes the below forms that you need to sign and return BEFORE coming to camp.

1. Camp rules
2. Family Rules
3. Supervision during Parents Group
4. Photography
5. Payment form
6. Risk Management Form – (Back Page only)

The remaining cost of the camp is $____________________, to be paid no later than the 1st November 2019.

Please make cheques and money orders payable to:  
BURNS SUPPORT FOUNDATION.  
P.O. Box 476, Paddington N.S.W 2021

OR  
Direct deposit into our account  
Bank: St George  
BSB: 112-879  
Account Number:155731431

We look forward to seeing you at the camp.
Application Form: Camp Toukley - Lutanda 2019

Please identify who the Burn survivor is by adding a (S) after their name.

Please also add any additional names if required.

Name..................................................................................................................................DOB: ..............

Name..................................................................................................................................DOB: ..............

Name..................................................................................................................................DOB: ..............

Name..................................................................................................................................DOB: ..............

Name..................................................................................................................................DOB: ..............

Address________________________________________________________________________

Phone number: (H)___________________________ (M)_________________________________

Email Address:__________________________________________________________________
CAMP CORROBOREE RULES

1. **Forms:** All BSF forms are extremely important and must be completed to include all family members. All forms must be returned to the P.O Box or scanned and emailed to info@burnssupportfoundation.org.au. Forms will not be collected at the camp.

2. **Who can attend the camp?** The camp is intended for both adult and children burn survivors, their families and friends. Persons under the age of 18 years must be accompanied by an adult. Please contact us if you have any queries.

3. **Dining Room Duties:** Please ensure you keep the dining area clean and tidy after each meal. This is the responsibility of all attendees and must not be left to a few.

4. **Damage and Loss:**
   a. You are responsible for ALL equipment that is lent to you so please take care of it.
   b. Venue Management will check your room on Sunday. You are responsible for any damages. The venue management will charge a $50.00 cleaning fee to the occupant of any room left in an unsatisfactory state. All damages will be paid for as this is not the responsibility of the BSF.

5. **Bedding:** Bedding is not to be removed from the rooms (this is in accordance with venue regulations).

6. **Restrictions:**
   a. **Drinking:** There will be NO under age drinking.
   b. **Drinking Adults:** This is a family camp: moderate drinking is only permitted on Saturday night until 11pm and not until the younger children have gone to bed and in an area set aside by the committee. Heavy drinking will not be tolerated. As camps sites are typically Alcohol Free Zones, please do not abuse this privilege and spoil it for all.
   c. **Illegal Drugs:** There is no tolerance for illegal drugs
   d. **Smoking:** Smoking is not permitted in any building on site, activities or in close proximity of others. Smoking is permitted outdoors only in designated areas. There will be NO under age smoking.
   e. **Noise:** No noise after 9.30pm to allow younger children to settle.
   f. **Animals:** No animals allowed under any circumstances.
   g. **Bikes and Scooters:** No personal bikes and scooters are allowed on camp sites for safety reasons.

7. **First Aid:** There will be a qualified first aid person on site.

8. **Group Sessions:** A timetable for group sessions with Sandra Spalding will be displayed in the dining room for those who would like to attend.

9. **Activity Timetable:** A timetable for group activities will be displayed in the dining area. Please check to see which group you have been allocated to. There can be NO changing of groups.

10. **Camp Etiquette:** During activities please ensure your actions do not compromise the safety of yourself, your family and any other member of your group. If in doubt, please consult your Team Leader. As safety is paramount, your Team Leader may discuss any action or behaviour that is thought to be inappropriate. Their advice is in your best interest.

11. **Meal Times:** To prevent any injuries, we ask that children be supervised by their parents during all meal times. This will ensure minimal risk of a burn from hot food & drinks.

Please adhere to these rules to help make our camp an enjoyable and safe one. Please respect the flora and fauna in the camp environment. Thank you and enjoy the camp.

Participant Name:__________________________

Signed:____________________________________ Date:__________
FAMILY RULES

a) Parents/Carers are fully responsible for the supervision and safety of their children at all times during the camp. This includes all activities, at meal times and during free times.

b) Your child/children cannot remain in the group at an activity without at least one of the parents/guardian present.

c) There is one exception;
While parents/carers are attending the parent’s group session with Sandra, arrangements to supervise your child/children will be provided by the BSF Committee for approximately 2 hours on a Saturday morning.

d) Should you arrange for another parent to supervise your child during free-times, the BSF and/or activity contractors are in no way responsible for their safety. We ask you to give some thought before asking other people to take on the responsibility of your children and similarly of accepting the responsibility.

e) Stranger Danger: Remind parents that even though we are at a camp site, parents need to look after their own children. Parents should not assume that people walking around the site pose no threat to their children. Therefore careful supervision is important at all times especially when children are playing outside. The camp site and the BSF take NO RESPONSIBILITY for the safety of children except during the time that parents are attending the facilitated parents group (approx. 2 hours duration on Saturday morning)

f) If the parents/guardian decides to leave the campsite, you must take all family members with you. Please inform your Team Leader and Camp Coordinator prior to leaving the site and upon your return.

g) Meal times: To prevent any injuries, we ask that supervision of children is provided during all meal times. This will ensure minimal risk of a burn from the hot plates.

f) Wildlife: It should be remembered to take adequate care and be watchful of wildlife such as snakes, spiders, etc...

I have read and understood the foregoing Supervision of Children rules.

Name Parent/Carer: ____________________________________________________________

Signature: ________________________________________________________ Date: ______________
SUPERVISION DURING PARENT GROUPS

I/WE (NAME)______________________________________________________________

request the BSF Committee to supervise my child/children at the scheduled activities while I/we
(Parents/Carers) attend the Parents Group Session with Sandra from 9am to 11:30am on Saturday 16th
November 2019.

I confirm that I will collect my children immediately after this session;

a) I acknowledge that at ALL other times during the camp, I am fully responsible for the supervision and
safety of my children. This includes ALL activities, meal times and during free times.

b) Your child/children CAN NOT remain in a group activity without at least ONE of the Parents/Carer present.
In no way are BSF or Venue Staff responsible for your child and their safety.

c) Stranger Danger: Parents are reminded that even though we are at a campsite, they need to look after
their own children. Parents should not assume that people walking around the site do not pose a threat to
their children. Therefore careful supervision is important at all times especially when children are playing
outside. The campsite and the BSF take NO RESPONSIBILITY for the safety of children EXCEPT during the
time that parents are attending the facilitated parents group (approximately 2 hours duration on Saturday
morning)

d) If the Parents/Carers wish to leave the campsite, they must take ALL FAMILY MEMBERS with them. Please
inform your Team Leader and Camp Coordinator prior to leaving the site and upon your return.

e) Meal times: To prevent any injuries, we ask that children are supervised during all meal times. This will
ensure minimal risk of a burn from the hot food & drinks.

f) Wildlife. It should be remembered to take adequate care and be watchful of wildlife such as snakes,
spiders, etc...

I have read and understood the foregoing Supervision of Children rules.

Name of Parent/Carer:___________________________________________________________

Signature:________________________________________Date:_______________________
PHOTOGRAPHY AND VIDEO CONSENT FORM

I authorise the taking/use of any photos or videos of my family taken at the BSF Camps.

Yes  No (please circle)

I ..............................................................................................................................(Parent/Carer/Participant *) understand that any photographs or video footage taken at a Burns Support Foundation Inc, camp may include images of myself and my family.

The Foundation may wish to use these images for the purpose of promoting the BSF and its activities through advertising, press releases, Foundation publications or the website. I authorise and permit, The Burns Support Foundation Inc, to use such images for the purpose/s indicated below;

Advertising   Yes    No  Foundation publications  Yes    No
Press Release  Yes    No  Website                 Yes    No

Parent/Carer/Participant Name:.................................................................................................................................

Signature:........................................................................................................................................................................ Date:........................

* Participant can only sign if 14 years or older
Final Payment Form

Personal Details

☐ Mr  ☐ Mrs  ☐ Ms  ☐ Miss  ☐ Other: ________________________________

First Name: __________________________ Surname: __________________________

Address: _____________________________________________________________

Suburb: ______________________________ State: __________ Postcode: ____________

Phone: ________________________________ Mob: _____________________________

Email Address: _________________________________________________________

Final Payment Details

Amount: $__________________________ being for ____________________ people.

☐ I enclose a cheque/money order for the above payment. (Please make payable to the Burns Support Foundation)

☐ I will be paying via EFT (details below)

EFT (Electronic Funds Transfer)

Please send receipt of payment to info@burnssupportfoundation.org.au

Bank: St George
BSB: 112-879
Account Number: 155 731 431
Name of Account: Burns Support Foundation

Please ensure you place your name as a reference i.e. Oct Camp – Smith
RISK MANAGEMENT PLAN (RMP)

CAMP CORROBOREE –NOVEMBER 2019

I have received a copy of the Risk Management Plan for the Burns Support Foundation “Camp Corroboree, November 2019”. I have read and understand the Plan. For the duration of the camp myself, and my family, will comply with all responsibilities as described in the Risk Management Plan.

I take responsibility for ensuring that I, and my family will comply with all instructions from the BSF committee and the Venue staff for the duration of the camp.

Name: ………………………………………………………………………………………………………………………………………………………………………….

Parent / Carer / BSF committee: ……………………………………………………………………………………………………………………………………

Signature: ……………………………………………………………………………………………………………………………………………………………………….

Date: …………………………………………………………….

NEXT of KIN

Name ………………………………… Relationship……………… Phone………………………………

Name ………………………………… Relationship……………… Phone ……………………………..