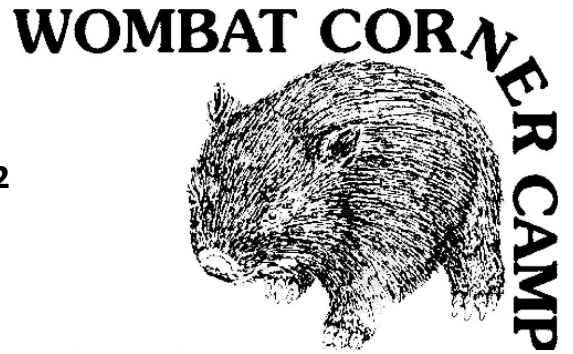


Phone (03) 5968 5057 Fax (03) 5968 5108  
web www.wombatcorner.com  
E-mail info@wombatcorner.com  
PO Box 201, Emerald Lake Rd, EMERALD VICTORIA 3782  
Australian Business Number 73191554682



## APPLICATION FORM

Please complete this form thoroughly to ensure the well-being of your child and enable us to best cater for their needs. Return the form with details of who to invoice to WOMBAT CORNER.

SURNAME: \_\_\_\_\_

FIRST NAME:	AGE:	SEX:	DOB:	PROGRAM CODE:
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_ Post Code: \_\_\_\_\_

PARENTS / GUARDIAN NAME: \_\_\_\_\_ Ph: \_\_\_\_\_

Mobile: \_\_\_\_\_ Fax \_\_\_\_\_

### **(EMERGENCY CONTACTS)**

1- \_\_\_\_\_ Relationship: \_\_\_\_\_ Ph: \_\_\_\_\_

2- \_\_\_\_\_ Relationship: \_\_\_\_\_ Ph: \_\_\_\_\_

### **MEDICAL INFORMATION**

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

Is your child covered by private health insurance? **YES / NO** Ambulance subscription? **YES / NO**

Does your child suffer from any allergies or medical condition? **YES / NO**

(e.g. Asthma, Penicillin, A.D.D. etc..)

If yes give details / special care recommended: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does your child/children have any special needs and/or requirements which Wombat Corner staff should be aware of, or which call for extra attention, (e.g. bed wetting, seizures etc) please describe fully

\_\_\_\_\_

\_\_\_\_\_

Is your child/children taking any tablets and/or medicines **YES / NO**  
If yes give details of medicine, dosage, frequency etc

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**Please Note:** ALL medicine (other than Asthma Puffers) should be handed in, with your child's name, the dose to be taken and when it should be taken all clearly stated. (The medication will then be kept and distributed as required.)

My child's last tetanus was \_\_\_\_\_ years ago & they can comfortably swim \_\_\_\_\_ meters.

If your child / children has not been to Wombat Corner before, how did you hear about us?

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**PARENT/GUARDIAN DECLARATION / CONDITIONS OF APPLICATION**

\* Wombat Corner Management reserves the right to request that the camper be taken away from the camp by parent/guardian. If the parent / guardian are unable to arrange transport, the management have authority to arrange the transport deemed necessary at the expense of the parent / guardian. No money will be refunded once the camp has commenced should the camper be asked to leave.

\* In signing this Application and medical form, the parent/guardian certifies that the applicant / camper is in good health (other than stated) and agrees to abide by camp rules, including an acceptable level of behaviour.

\* I give permission for my son / daughter to travel on transport provided by Wombat Corner

\* In the event of illness/accident where it is not possible or practical to contact me, I authorise the staff at Wombat Corner to obtain whatever medical assistance is necessary at my cost. I further consent to my child receiving the following medication if deemed necessary by a senior staff member.

**(Cross out if permission is not granted!) Paracetamol/Panadol; Aspirin; Anti-Histamine Tablets (insect bites); Cough Medicine.**

\* I hereby certify that I have read and accepted all the above conditions and the cancellation policy.

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

Please Invoice: \_\_\_\_\_  
(organisation)

Organisation Email Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Post Code: \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Cancellation Policy**

In the event of cancellation 3 weeks before camp commences the full payment is refundable. In the event of cancellation 1 week before the commencement a deposit of \$100 - is payable / non refundable.

Cancellation less than 1 week in advance (or non notification) - the full camp fees will apply. If a medical certificate is supplied for the camp dates the fees will not apply and the deposit can be transferred to another camp.

Signed: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**(Person In Charge Of Authorising Payment)**