

# BACK TO BASICS

## SAGALA CAMP 2014 REGISTRATION FORM

**BASIC INFO:**

Male     Female

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_ / \_\_\_ / \_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_

State: \_\_\_\_\_

Postcode: \_\_\_\_\_

Contact No: \_\_\_\_\_

SAGALA you attend: \_\_\_\_\_

I agree to be involved in all camp activities and abide by the camp rules.

I understand that photos and videos taken at camp may be used for future promotional material.

Campers Signature: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

Corps Officer's Signature: \_\_\_\_\_

**LEADERS:** Please fill in your Blue Card details

Card No: \_\_\_\_\_

Expiry: \_\_\_\_\_

**SECTION INFORMATION:**

Please select which section you are in:

Adventurers

Sunbeams

Rangers

Guards

Leader Section: \_\_\_\_\_

**MEDICAL INFO:**

Emergency Contact: \_\_\_\_\_

Emergency Contact No: \_\_\_\_\_

Medicare No: \_\_\_\_\_

Healthcare No: \_\_\_\_\_

Member of Private Healthcare Fund:

Yes     No

Pre-existing or present medical condition/allergies: \_\_\_\_\_

Name & dosage of any medication taken: \_\_\_\_\_

Special dietary requirements: \_\_\_\_\_

**PAYMENT:**

Payment of \$50 will be processed upon receipt of form

Payment through corps

0500 00 61202

Corps Officer to complete

Once completed please return form via:

Email: [charlotte.james@ae.salvationarmy.org](mailto:charlotte.james@ae.salvationarmy.org)

Fax: 07 3229 3884

Post: Department of Youth & Children  
GPO Box 2210 BRISBANE 4001

\_\_\_\_\_ OR \_\_\_\_\_

Return to your SAGLA Leader by:

Sunday 18th May, 2014

