

'Life Gets Better' Camp

'Life Gets Better' Camps were founded in the year 2000 by Captain Eric Wieckmann (2005 Casey Citizen of the Year). The camps are now run by C.H.I.P.S.

These are not counselling camps, but encouragement camps! The children get to see they are not alone in their troubles and that others who have gone through the same problems have found a way for 'Life to Get Better'. They will make new friends who have gone through similar experiences.

The campsites we use are fully catered and have fantastic facilities. The children are entertained during session times with tricks, games and puppets!

Parents or Guardians are welcome to attend the camp with any child who has gone through the traumas of divorce, death or abuse. The parents who attend camp will meet other parents who have gone through similar things and they will also learn that 'no season lasts forever-even if it feels like it!'

The camps are a time of joy and refreshment in a loving Christian environment. Costs are minimal due to the generous sponsorship of the campsite, staff and volunteers.

All staff and volunteers are trained and have a current "Working With Children Check" (as required by the Dept. of Justice- Victoria). All work is done in groups. Children are at no time by themselves.

Camp Details

Where: Phillip Island Adventure Resort, 1775 Phillip Island Road Cowes 3922

Time: 22nd May meet @ 4:45pm @ The Winepress 40 Intrepid Street, Berwick for 6:00pm departure.

Pick up from The Winepress 24th May @ 4:00pm

Cost: \$25 per child (or \$50 maximum for 2 or more children per family)

What You Need To Bring:

As you know Melbourne's weather can vary so a variety of clothes and summer beachwear will be needed. Please ensure all items are named.

You will need:

- ✓ Play Clothes (for warm & cold weather)
- ✓ Sleeping Bag or Bed Linen
- ✓ Bath Towel
- ✓ Runners/Boots
- ✓ Cuddly Toy (optional)
- ✓ Hat (to keep the sun off)
- ✓ Swimmers and a Towel
- ✓ Toiletries (toothbrush, sunscreen etc)
- ✓ Pens/Pencils
- ✓ Plastic Bag (for dirty clothes)
- ✓ A Smile!

What You Can't Bring:

- ✗ Matches or Lighters
- ✗ Alcohol / Non-prescription drugs
- ✗ Mobile Phones / Electronic Toys
- ✗ Granny's Underwear!

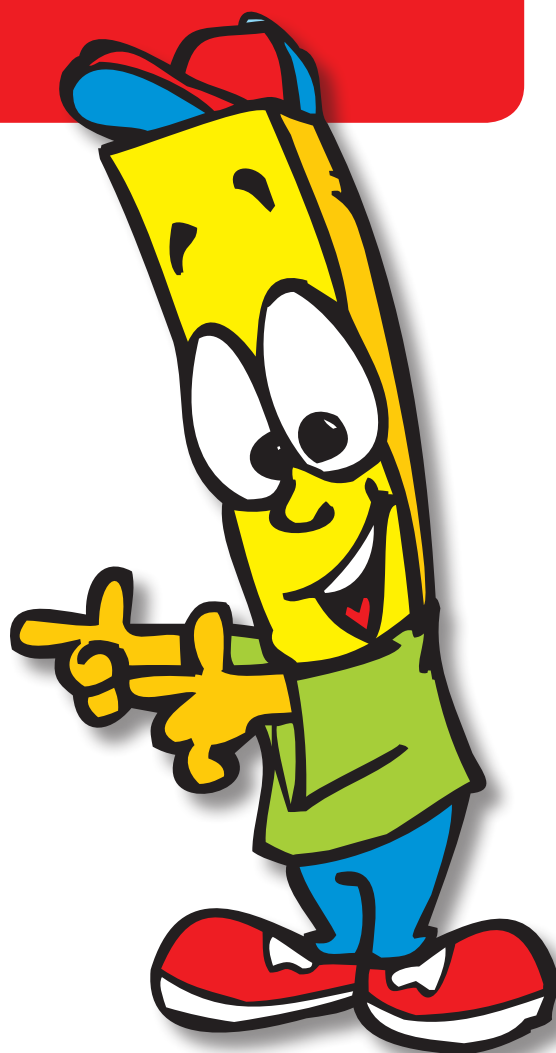
A few weeks after camp we will meet together for a reunion (Camp Link). This is a great time full of fun activities where the children can catch up with their buddies and friends they have made on the camp.

Camp Link

Where: The Winepress, 40 Intrepid Street, Berwick

Date: Saturday 13th June

Time: 10:00am - 12:00noon



Children's Application Form

Instructions: Please fill out all pages completely. The information is vital to the health and well being of your child. Your application will be returned to you if it is not completed. Please rate behaviours honestly. This information will in no way prevent your child from attending camp.

Please note: This is an application only and the children are accepted on a needs basis and availability of camp staff. You will be informed of the outcome well before camp, so it is necessary to get your forms in as early as possible.

Child's First Name:

Surname:

Address:

..... **Postcode:**

Male Female

Date of Birth: **Grade:**

Age: years **Current Emotional Age:** years

The child is living with: *(tick one)*

Natural Parent/s Foster Parent Group Home Relative

Name(s) of person(s) the child is living with:

Home Phone: (.....)..... **Work:** (.....).....

Mobile:.....

Emergency Contact Name (whilst on camp):

Emergency Contact Phone:

Relationship to Child:.....

Your child was referred to the camp by:

Social Worker Psychologist Other

Phone Number:

Campers Emotional/Behavioural History

	Often	Sometimes	Not at all
Aggressive			
Foster Placement			
Anxiety disorder			
Night Terrors			
Bedwetting			
Nightmares			
Soiling			
Biting			
Runs away			
Eating Disorder			
Sexual acting out			
Hyperactive			
Steals			
Tantrums			
Lying			
Withdrawn			

Camper Details

This child's swimming ability is: Good Poor Do not know

Will your child be travelling by bus to the camp? Yes No **If No, how:**

Has your child attended a 'LGB' camp previously? Yes No **If yes, when?**

My child would like to be in a room with:

*(*Whilst every effort will be made to accommodate this, it may not be possible to do so. Due to the room arrangements, children will not be able to be in a room with their parent/s/relatives/guardians, if they are attending the camp with them).*

Please explain unusual family circumstances that make camp especially important for the child:

Parents Divorced Loss of Sibling Loss of Immediate Relative Other *(Please specify):*

Health History

Please indicate health history as accurately as possible.

Dietary requirements:..... **Allergies (inc. food):**.....

Illnesses:.....

(Please indicate date of illness, severity, complications, and any residual impairments)

Disabilities/Limitations:.....

- Leg or Arm Braces Hearing Aids Wheel Chair Eating Disorder
- Asthma Diabetes Hypoglycemia Dizzy Spells Hay Fever
- Back problems Insect Bites Drug Allergy Seizure Disorders Fainting
- Balance Problems Heart Problems

Immunisation History: Last Tetanus shot:/...../.....

Medication

If your child is currently taking medication, please send it to camp with them. It must be in the original container with the pharmacy label on it. Our camp nurse will administer the medication, when needed.

Is your child taking any medication? No Yes If yes, please fill in the following:

Medication 1: Dosage: Times:

Medication 2: Dosage: Times:

Medication 3: Dosage: Times:

What is (are) the medication(s) for:.....

Please add any other comments relating to HEALTH and MEDICATIONS on an additional sheet (if needed).

Medicare Number: Child's position on card:

Health Fund Name: Membership No:

Health Care Card/Pension No: Ambulance Membership No:

Family Doctor's Name: Doctor's Phone:

Parent/Guardian Consent and Authorisation for Children

In the case of an emergency, I am aware that the C.H.I.P.S leaders or designated helpers will:

- Advise the emergency contact listed above.
- Seek medical attention or assistance for my child, at the nearest or most convenient medical/emergency facility.
- Arrange transport for my child if required (this may require transport by ambulance).

Whilst C.H.I.P.S and its leaders will take all reasonable care to secure the safety of my child, I understand that neither C.H.I.P.S, 'Life Gets Better' leaders, nor designated helpers, will be held responsible for any injuries incurred by my child, as a result of camp activities. C.H.I.P.S and 'Life Gets Better' leaders and helpers will not be held responsible for any costs incurred in securing medical treatment for my child; including medical assistance, treatment, ambulance, etc.

I hereby give my consent for the above named child to attend the 'Life Gets Better' Camp, that all staff and volunteers cannot be held liable for any accident or injuries that may occur during the duration of the camp; which includes travel to and returning from the camp.

I, the undersigned, have read the authorisation and understand all its terms. I execute it voluntarily and with full knowledge of its significance.

Parent/Guardian Signature

Print Name

Date/...../.....

The information on this form will be held by the C.H.I.P.S leaders. This information may be disclosed to private medical or paramedical staff or other relevant officers, in the event of an accident or emergency.

Please note: All children will be checked and treated (if necessary) for head lice at no charge. C.H.I.P.S reserves the right to use any photo's or video's taken on the 'Life Gets Better' camp for promotional purposes.



Please complete and return to:

C.H.I.P.S
P O Box 291
Narre Warren, Vic 3805
Ph: 9702 5528
email: enquiries@chips.org.au

chips

christians helping in primary schools

Parent/Guardian Application Form

First Name: **Surname:**
Date of Birth: Male Female
Marital Status: Married Divorced Separated Single Widowed
Residential Address:
..... Postcode:
Home Phone: Business Phone:
Mobile: E-mail:
Occupation:
Emergency Contact (whilst on camp):
Phone: Mobile:

Transport to camp: Camp Bus Own Transport

Cost: \$25.00 per parent/guardian.

I enclose a cheque/money order (payable to C.H.I.P.S for \$_____).

..... (name of organisation/school) is sponsoring me.

I will directly pay \$_____ into the C.H.I.P.S bank account.

(Bank: Bendigo Bank. BSB: 633 000. Account No: 130051972. Ref: **Use your full name**)

Names and ages of children attending the camp:

Child 1: Age:
Child 2: Age:
Child 3: Age:
Child 4: Age:

(Please note: Due to the room arrangements, children over five years of age will not be able to be in a room with their parent/s /relatives /guardians).

Have you ever attended another 'Life Gets Better' (LGB) camp? Yes No If yes, when?

How did you hear about 'LGB' camps?.....

Why would you like to be attend a 'Life Gets Better' Camp?

'Life Gets Better' camps offer parent sessions throughout the camp. These sessions are voluntary, although you are encouraged to attend. Feed back from previous parent-campers has been extremely positive.

Church Affiliation

Do you attend church regularly? Yes No

If yes, name of church.....

Pastor's Name: Phone:.....

If no, are you affiliated with a church? Yes No

If yes, name of church you currently attend:

Pastor's name: Phone:.....

Note: This form is an application only. The Director and/or Board of C.H.I.P.S. reserves the right to decline an application if it is considered to be in the best interests of the camp.

Medical History (this section is required to ensure that C.H.I.P.S is aware of any medical condition/injury you have that may affect you whilst on camp.)

Medicare Number: Your position on card:
Health Fund Name: Membership No:
Health Care Card/Pension No: Ambulance Membership No:
Doctor's Name: Phone:

Do you have any medical problems? Yes No If yes, please specify:

Please list any medication that you are currently taking:

(Please Note: No medication/s can be left in the cabins. For safety reasons they are either to be given to the camp nurse, or locked in a vehicle)

Have you had any serious injuries over the past three years? Yes No

If yes, please specify:

Are you allergic to any medication? Yes No

If yes, please specify:

Are you allergic to anything? Yes No

If yes, please specify:

Do you have special dietary requirements? Yes No

If yes, please specify:

Please note: there will be an allocated area for smokers. Drugs and alcohol are NOT permitted on camp.

By signing my name, I hereby signify the above information is true and correct to the best of my knowledge and I agree to the conditions of the application process.

Signature: Print Name:

Date:.....

Parent/Guardian Authorisation

In the case of an emergency, I am aware that the C.H.I.P.S leaders or designated helpers will:

- Advise the emergency contact listed above.
- Seek medical attention or assistance for me, at the nearest or most convenient medical/emergency facility.
- Arrange transport for me if required (this may require transport by ambulance).

Whilst C.H.I.P.S and its leaders will take all reasonable care to secure my safety, I understand that neither C.H.I.P.S, 'Life Gets Better' leaders, nor designated helpers, will be held responsible for any injuries incurred to me, as a result of camp activities. C.H.I.P.S and 'Life Gets Better' leaders and helpers will not be held responsible for any costs incurred in securing medical treatment for me; including medical assistance, treatment, ambulance, etc.

I hereby state that I wish to attend the 'Life Gets Better' Camp, and agree that all staff and volunteers cannot be held liable for any accident or injuries that may occur during the duration of the camp; which includes travel to and returning from the camp.

I, the undersigned, have read the authorisation and understand all its terms. I execute it voluntarily and with full knowledge of its significance.

Parent/Guardian Signature:.....

Print Name

Date/...../.....

The information on this form will be held by the C.H.I.P.S leaders. This information may be disclosed to private medical or para-medical staff or other relevant officers, in the event of an accident or emergency. Please note: All parents/guardians will be checked and treated (if necessary) for head lice at no charge. C.H.I.P.S reserves the right to use any photos or video's taken on the 'Life Gets Better' camp for promotional purposes.



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