



**Thanks for registering for the 2018 Survivor-Camp!**

**WHEN:** Camp begins on **Monday 24<sup>th</sup> September**. Scouts can arrive onsite from **2PM** to set up camp, however the official camp opening will be at **6pm SHARP**. It is highly recommended that patrols arrive early to set up in the daylight. Speak to your scout leaders to arrange transportation and times.

Camp will conclude on **Friday 28<sup>th</sup> September** with a final challenge at 9.30pm followed by the final presentation, aiming to conclude around **11am**.

*Family and friends are invited to come along from 9am to see their scouts in action!*

*\*Note Friday 28<sup>th</sup> September is a public holiday.*

*\*Note: Time will not be allocated before the presentation for scouts to pack up their campsites. After the presentation it is up to each individual group to pack up their own camping equipment. Once their site has been inspected, they are free to leave.*

**WHERE:** Clifford Park Scout Activity Centre, in Wonga Park. Follow signage once you have arrived.

**WHO:** The camp will be hosted by the 3<sup>rd</sup> Croydon Scout Group. The camp director James Atkinson has been running Survivor-Camps annually since 2001 and is an Assistant Scout Leader at 3<sup>rd</sup> Croydon Scout Group. James has worked on 4 seasons of the US Survivor, in Cambodia and Fiji. In 2017 James was a Challenge Producer on Australian Survivor Season 2 in Samoa. In 2018, James returned to Australian Survivor Season 3! Back in Australia after filming concludes, James will bring brand new ideas and challenges straight from the TV show! In 2017 some scouts did even better than the contestants did in challenges!

**COST:** \$100 Early Bird fee is due by **June 30<sup>th</sup>**. Standard price is \$120 after this date. This includes all food, equipment, activities and camping fees for the 5 days. Cheques payable to '3<sup>rd</sup> Croydon Scout Group'. Money Transfer can be arranged.

**Final payments due by August 31<sup>st</sup>. A hard copy of your scouts Medical Form is also due.**

**If payments and forms are not received by this date, places will be offered to scout groups on waiting list.**

**WHAT:** Scouts will work in patrols, taking part in a range of activities allowing them to put the skills they have learnt in Scouts, to practical use. During the camp, patrols will earn keys. At the end of the camp, one of these keys will open a Treasure Chest, full of prizes!

This year's camp will feature a range of brand new challenges, as well as some old favourites. These will include construction, quizzes, obstacle courses, puzzles, eating challenges, memory challenges, cooking challenges, endurance challenges and lots more.

So what does James have planned for the 2018 camp? Contestants from Australian Survivor as guest speakers! The hidden idol will return but scouts will have to earn their advantages in 2018!

Trained Leaders from the various scout groups attending will also be on site to help supervise and run the various activities. Qualified First Aider's will be in attendance at all times.

The emergency contact number during the camp will be:

James' Mobile Phone **0423 648 364** (Please leave a message and James will return it ASAP)

**Please find attached the following information:**

**A Medical Form** – to be filled out and handed to your Scout Leaders by **end of August**.

*If your scout has any allergies, please give James a courtesy call before September 15<sup>th</sup> to discuss.*

**A What To Bring List**

**A Map of Clifford Park**

James can be contacted on **0423 648 364** or at [survivorcamp@hotmail.com](mailto:survivorcamp@hotmail.com)



# SCOUTS AUSTRALIA—VICTORIAN BRANCH

Registration Number: 

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## PERSONAL INFORMATION RECORD

(Please fill in the details with dark coloured ink)

Event: \_\_\_\_\_ Date/s of Event: \_\_\_\_\_

NAME: Surname: \_\_\_\_\_ Given / Preferred Name: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

PERSONAL: Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_ Telephone No. \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age at Activity: \_\_\_\_\_ Gender: Male  Female

Medicare No: \_\_\_\_\_ Ancillary Benefits Cover: Yes  No

Family sequence No. \_\_\_\_\_ Medicare Card expiry date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Ambulance Ins Number \_\_\_\_\_

Private Health Insurer: \_\_\_\_\_ Private Health Ins Number \_\_\_\_\_

GROUP DETAILS: SECTION \_\_\_\_\_ GROUP \_\_\_\_\_ DISTRICT \_\_\_\_\_ REGION \_\_\_\_\_

### EMERGENCY USE: Details of the Parents/Guardians where they can be contacted during the activity

NAME: \_\_\_\_\_ Relationship: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Suburb: \_\_\_\_\_ Mother's Mobile: \_\_\_\_\_ Home: \_\_\_\_\_

Postcode: \_\_\_\_\_ Father's Mobile: \_\_\_\_\_ Business: \_\_\_\_\_

*In an emergency, if we cannot contact you, whom else can we contact?* Name & Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

### HEALTH STATEMENT

*If the participant suffers from any chronic or recurrent ailment, allergy or physical incapacity, it should be disclosed so that we are aware of the fact*

A. Does the participant suffer from any physical or other disabilities or ailments?	<input type="checkbox"/> Yes / <input type="checkbox"/> No	If yes, please specify: _____ _____
B. Does the participant suffer from Asthma? _____ <input type="checkbox"/> Severe / <input type="checkbox"/> Mild Diabetes? _____ <input type="checkbox"/> Type 1 / <input type="checkbox"/> Type 2 Epilepsy? _____ <input type="checkbox"/> Severe / <input type="checkbox"/> Mild Dizzy Spells or Black outs? _____ Bed Wetting? _____ Sleep Walking? _____ Travel Sickness? _____ Migraine Headache? _____	<input type="checkbox"/> Yes / <input type="checkbox"/> No <input type="checkbox"/> Yes / <input type="checkbox"/> No <input type="checkbox"/> Yes / <input type="checkbox"/> No <input type="checkbox"/> Yes / <input type="checkbox"/> No <input type="checkbox"/> Yes / <input type="checkbox"/> No <input type="checkbox"/> Yes / <input type="checkbox"/> No <input type="checkbox"/> Yes / <input type="checkbox"/> No <input type="checkbox"/> Yes / <input type="checkbox"/> No	Explanation/Medication: _____ _____ _____ _____ _____ _____
C. Does the participant have any known Allergies? ie Penicillin, bee sting, bites, egg, hay fever, other food, drug or other environmentally related allergy.	<input type="checkbox"/> Yes / <input type="checkbox"/> No	If yes, please specify: _____ _____
D. Does the participant have any Medications on this activity? ie Injection/tablet/capsule Penicillin, Insulin, Ventolin, EpiPen®, other drugs	<input type="checkbox"/> Yes / <input type="checkbox"/> No	Name of Drug: _____ Dosage: _____ Reason or Cause: _____ How Often Administered: _____ Administered by Whom: _____

In the case of a Youth Member, please hand the medication—CLEARLY labelled with the child's name &amp; dosage instructions—to the Leader in Charge of the Youth Member

E. Is there any further information you consider to be important and about which we have not asked above and of which we should be aware (including special dietary requirements) :  Yes /  No If Yes, please specify \_\_\_\_\_

F. Analgesics : In the event of your child requiring the administration of an analgesic (eg. Panadol), do you **HEREBY CONSENT** to your child being given the recommended child dosage of Paracetamol or Panadol?  
 Yes /  No If YES, please sign here: \_\_\_\_\_

G. Details of last Anti-Tetanus injection: Year of Original Injection \_\_\_\_\_ Year of last booster injection \_\_\_\_\_

I hereby Authorise the Leader in Charge of the above activity, in circumstances where it is not possible or it is impracticable to communicate with me, to seek for my child, such Surgical, Medical or Dental treatment as a qualified Surgeon, Medical or Dental Practitioner may consider to be necessary (including the transfusion of blood) and I hereby Consent to such treatment. I have read and understand the Privacy Notice overleaf.

Date : \_\_\_\_\_ Signed: \_\_\_\_\_ (Parent / Guardian)

*This form is to be filled out by participant if over 18 years old, or by Parent/Guardian, taken to the event or handed to the Leader in Charge before you leave.*

# What To Bring to Survivor-Camp 2018

- CLOTHES – A few changes of T-shirts, socks, underwear, shorts, long pants, jumpers
- OLD CLOTHES that WILL get covered in mud
- 2 PAIRS OF SHOES– One old pair that can get wet/dirty
- BATHERS - Or clothes that can get wet for swimming/canoeing
- RAINCOAT / WET WEATHER JACKET - Just in-case
- COAT / JACKET / BEANIE - For nights when it gets cold
- SLEEPING BAG
- PILLOW
- SLEEPING ROLL / MATTRESS / STRETCHER \*please check with your own Scout Leaders about whether you can use Stretchers in your tents
- DILLY BAG - plate, bowl, cup, cutlery, teatowel
- 1 Named Water Bottle**
- TOILETRIES BAG
- 1 TOWEL FOR SHOWERS
- 1 OLD TOWEL THAT CAN GET DIRTY
- HAT + SUNGLASSES
- ANY MEDICATION THAT MAY BE NEEDED \*this can be handed to James on arrival
- TORCH
- CAMERA - Optional
- PEN / PAPER
- GREEN SCOUT BOOK** - if you wish to complete badgework during the camp
- Please wear SCOUT SHIRT + SCARF when dropped off on Monday**

## **CONTRABAND ITEMS INCLUDE:**

- FOOD / DRINK – there will be consequences for scouts found with contraband!
- ANY ELECTRICAL ITEM APART FROM A TORCH or CAMERA
- DO NOT BRING iPods or phones – we are not responsible for lost or stolen items.

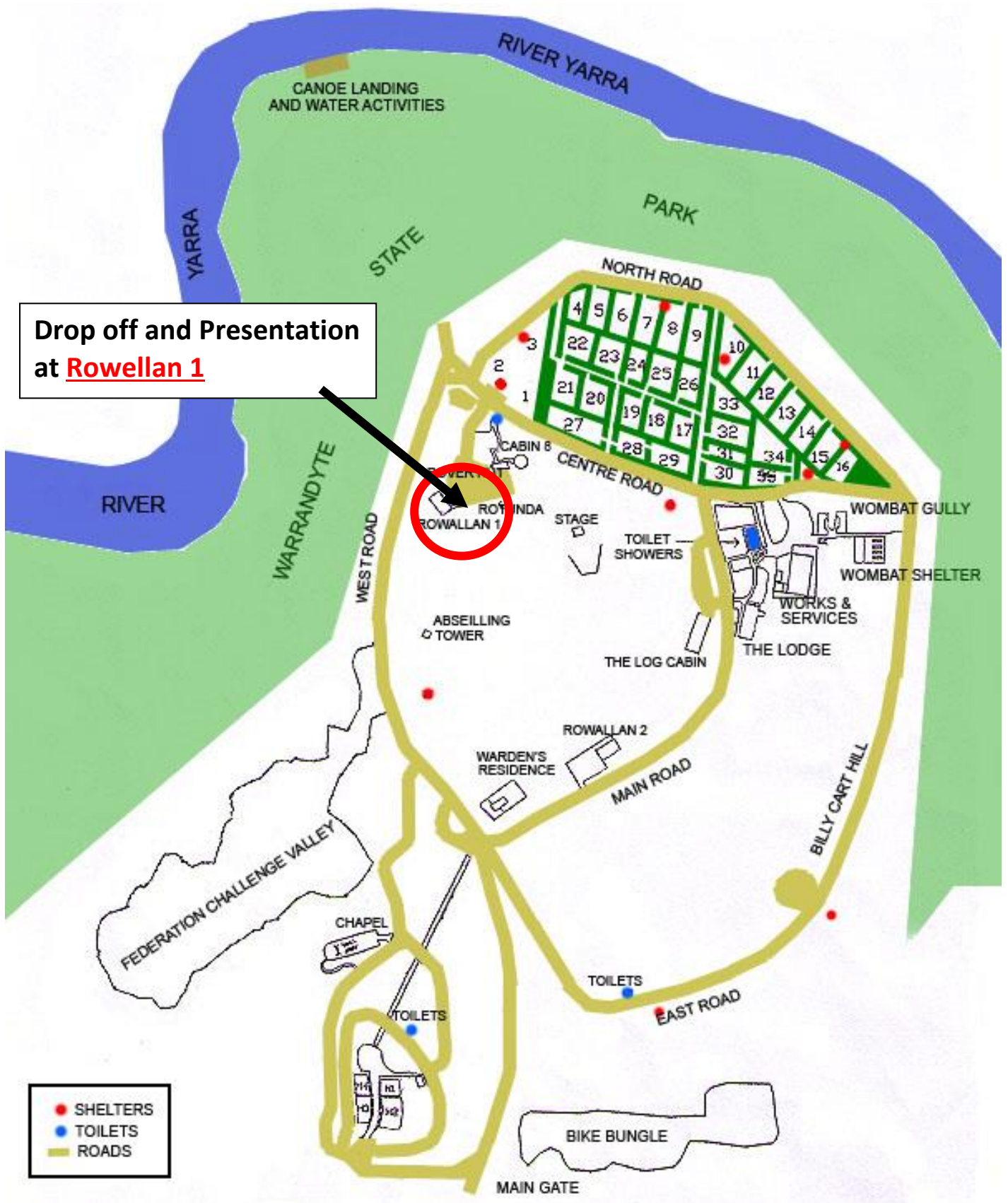
## ***Each Patrol needs to bring the following (which can be organised by your Scout Leaders)***

- 2 Benchseats
- 1 Trestle Table
- Tents for the patrol to sleep in (If the troop has multiple patrols, they can share tents)
- Gas Bottle & BBQ

**\*\*\*Please ensure all items have a name on them\*\*\***

**Any items found without names at the end of the camp will be donated to charity.**

IF YOU HAVE QUESTIONS PLEASE FEEL FREE TO  
EMAIL: [survivorcamp@hotmail.com](mailto:survivorcamp@hotmail.com)



**\*\*\*Please follow the signs to the appropriate parking areas when dropping off and picking up scouts.**