

BROACTIVE CAMP

REFLECT
AND
RECONNECT

As part of the LMA's BroActive initiative we would like to welcome you to our Autumn camp. The April 2020 interactive camp caters to young Muslim MALES aged 14-17yrs only. The 3 day jam packed camp will be led by passionate camp leaders from the community and filled with so many fun and interactive adventure activities not to be missed.

The camp will enable the boys to connect with male role models from various professions; prepare them physically, mentally and spiritually through sport and recreational activities, interactive workshops and confidence building activities; and engage with other boys to develop new friendships through team building activities.

➤ **CAMP PERIOD**

Wednesday 15th April -
Friday 17th April 2020

➤ **LOCATION**

Berry Sports and
Recreation Center

➤ **COST**

\$200 per person

KEY ACTIVITIES/WORKSHOPS

- Emotional intelligence workshops
- Sport, recreation and fitness activities, bush walking, swimming and other adventure activities
- Spiritual reminders
- Team building, resilience and confidence building activities
- Promoting positive peer relationships

BUS PICK UP LOCATION

- Lebanese Muslim Association
71-75 Wangee Road, Lakemba
(next to Lakemba Mosque)
- **Pick up:**
9am SHARP, Wednesday 15th April 2020
- **Drop off:**
Approximately 4pm Friday
17th April 2020

PERMISSION NOTE

I give permission for my son _____
to attend the Lebanese Muslim Association's (LMA) BroActive Camp on Wednesday 15th April to
Friday 17th April 2020 at Berry Sport and Recreation Center. I understand that my son will be under
the supervision of the LMA BroActive camp coordinators and team leaders.

CAMP PARTICIPANT'S DETAILS

Name: _____ Phone (M): _____

Age: _____ Date of birth: _____ Emergency contact name: _____

Email: _____ Relationship to the child: _____

Home address: _____ Emergency contact phone: _____

Postcode: _____ Phone (H): _____

Medicare number: _____ Expiry no. : _____ Reference no.: _____

Please note any medical conditions (including asthma), medications, allergies (E.G. Nut, diary or
soy allergies) or special requests:

Please provide details of medical condition management:

Please indicate any special dietary requirements/needs:

Does your child: 1. Sleepwalk? Y N 2. Suffer travel sickness? Y N 3. Swim? Y N

What type of swimmer is your child? 1. Strong swimmer (100m or more)

2. Average (50m unaided) 3. Poor (10m unaided) 4. Cannot swim unaided

If you would like to stay in the same cabin as your friends, please write their names down.
(We will try keep you together but there may be some restrictions on room numbers)

How did you hear about this year's camp? _____

TERMS AND CONDITIONS

I, the parent/guardian, declare that the information provided on this form is complete and correct and will notify LMA BroActive staff of any changes. I agree that my child has no current illnesses, injuries or other adverse medical condition and is in good health. I agree that if my child suffers any injury or illness, the supervising camp coordinators can arrange to transport my child to receive medical or surgical treatment if deemed necessary. I give permission for LMA BroActive to pass this information to a third party (i.e. a doctor or hospital) to facilitate medical treatment on my child.

I give consent to photographs being taken of my child during activities to publicise on newsletters, website, social media and other promotional materials. I give consent for my child to participate in the activities as programmed in this camp.

I understand that camp staff and coordinators are not responsible for the loss or theft of any of my child's valuables including iPods, mobile phones, and jewellery.

I understand that my child will be required to listen to and adhere to instructions given by staff, camp coordinators, and camp leaders. I understand LMA BroActive reserves the right to send my child home if they fail to comply with the Code of Conduct and I will be required to collect my child from camp premises if advised by camp coordinators. In this rare instance, it is the responsibility of the parent/guardian to collect their child from camp or meet the expense of the child being sent home.

CANCELLATION OF SERVICES

Cancellation of services must be given 48 hours in advance. Your cancellation notice will be reviewed by LMA staff and 50% of your total payment will be refunded upon approval. If you do not give 48 hours' notice of cancellation of services, you will forfeit any right of refund.

The LMA understands that there may be circumstances beyond your control that may require a cancellation of services. However, when you do not afford the LMA adequate time, you may be preventing another individual from participating in LMA activities. Conversely, the situation may arise when another participant fails to give adequate cancellation notice and the LMA is unable to accommodate your child due to a seemingly full booking form.

INDEMNITY

The parent/guardian accept, defend, indemnify and hold safe the LMA, its affiliates and their corresponding officers, directors, agents, workers and those for whom the LMA holds the benefit of this indemnity in trust, from and against any claims, actions or demands, including without limitation affordable legal, accounting, and other provider charges, affirming or resulting from;

- a) All liabilities, losses, damages and costs (including legal costs on a full indemnity basis whether incurred or awarded against a party) caused or contributed to by LMA or its Representatives.
- b) All consequential loss, meaning indirect loss or damage including loss of profits, revenue, data, goodwill or opportunities and damages arising from third party claims.
- c) Breach of the terms of this agreement.

LIMIT TO INDEMNITY

Parent/guardian obligation to indemnify the LMA reduces proportionately to the extent that any act or omission of the LMA caused or contributed to the Loss.

DECLARATION

I declare I have read, understood and accepted the information provided.

Child's name: _____

Parent/guardian name: _____

Signed: _____

Date: _____

PAYMENT METHODS

Bank Transfer (EFT)

Please put your name in description and "BroActive Camp"

Bank: Arab Bank Australia

Account name: Lebanese Moslem Association

BSB: 917111

Account No: 240151400

Cheque

Please attach cheque to form

Credit Card

Credit type: Visa MasterCard AMEX

Name on card: _____

Card no: _____

Exp date: _____ CCV _____ Signature: _____

I authorise Lebanese Muslim Association to charge my credit card the amount I selected on this form.

Return Permission Note and Acknowledgement of Risk Form and make payment no later than Friday 20th March 2020



RETURN BY

Fax: (02) 9759 8149 | Email: community@lma.org.au

Post: BroActive Camp, PO Box 297, Lakemba NSW, 2195



CONTACT

Mohamad Fenj | community@lma.org.au | 0416 822 049

ACKNOWLEDGEMENT OF RISK FORM

I agree for me or my child/ward to attend the Centre/Venue and to undertake all activities and/or to participate in the above program. In the case of an emergency, I authorise the Office of Sport, Sport and Recreation staff, where it is impracticable to communicate with me, to arrange for my child/ward to receive such medical or surgical treatment as may be deemed necessary. I also undertake to pay or reimburse costs which may be incurred for medical attention, ambulance transport and medication while my child/ward is attending the Centre/enrolled in the program. I understand that although Office of Sport, Sport and Recreation and its service providers attempt to minimise any risk of personal injury within practical boundaries, accidents do happen and all physical activities carry the risk of personal injury. I acknowledge that there is an inherent risk of personal injury in physical activities that will be undertaken at the Centre/as part of the program and I accept that risk.

Participant signature: _____ Date: _____

Parent/guardian sign. (U 18s): _____ Date: _____

Relationship to participant: _____