



Camp Application Form

Applicant Details

Name: _____ Date of Birth: _____

Name of School and Year: _____

Home Phone: _____ Mobile: _____

Address: _____

Should Police Legacy be made aware of anything that may help your child while away from home?
Example, are they nervous about certain activities?

Police Legacy provide flights to Sydney for those that need them. Further travel to our destination is by coach and bus.
Will your child require a flight to Sydney for camp?

Parent's/Guardian's Confirmation

I confirm that the information in this application is true and correct.

Signature of parent/guardian: _____

Print name: _____

My relationship to the above mentioned Legatee is:

Mother

Father

Grandparent

Guardian

Address: _____

Phone: _____ Mobile: _____

Email: _____

Alternate Emergency Contact (e.g. a relative or friend):

Name: _____ Relationship: _____

Phone: _____ Mobile: _____

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Parent/Guardian Permission and Consent Form

I, _____ [your name]
as the parent/guardian of _____ [Police Legatee's name]
hereby give my consent for my child to be included in the _____ [month and year] Police Legacy Camp.

I understand that any photos or video taken of my child whilst at a NSW Police Legacy camp can be used for the purposes of NSW Police Legacy promotional material and may be on display to the general public.

I acknowledge that the Camp and the associated activities are undertaken entirely at his/her own risk. I accept all risks and agree that no liability shall be incurred by the supervisors, NSW Police Legacy, or by any other persons involved in the organisation or support of the event.

I will do my best to ensure that my child is motivated and available to attend this camp and that he/she should not RSVP for this event unless they are certain about wanting to participate. I am aware that as a charity NSW Police Legacy will forfeit monies paid for flights and/or accommodation should they decide not to attend for some reason.

Signature: _____

Print Name: _____

Witness's Signature: _____

Witness's Name: _____

Witness's Address: _____

Date: _____

Please return this RSVP by post or email to the NSW Police Legacy Office

P.O. Box 20065, World Square, Sydney NSW 2002
info@policelegacynsw.org.au