

# Application for Refueled Camp 2010

(one application form per person please)

Name \_\_\_\_\_ Age\* \_\_\_\_\_ Birthdate \_\_\_\_\_  
Address \_\_\_\_\_ Postcode \_\_\_\_\_  
Phone (H) \_\_\_\_\_ Phone (wk) \_\_\_\_\_ Mobile \_\_\_\_\_  
Email \_\_\_\_\_ Sex: Male  Female

Accommodation: I would like to be in the same cabin as: 1. \_\_\_\_\_ 2. \_\_\_\_\_

CONSENT: I, \_\_\_\_\_ (camper) wish to attend and participate in the Yarrapinni Camp program. I acknowledge that there are risks (injury, loss or damage) involved and choose to participate on this understanding knowing that all reasonable care will be taken to avoid such. I will adhere to all Camp regulations and policies and understand that non adherence may lead to an invitation being made to leave the camp. I understand that photos and videos of camp activities will be taken and used during the camp program and for other Youth Ministries promotions and events. I acknowledge that Adventist Youth Ministries NNSW is not responsible for the loss or theft of my personal property and that lost property will only be held for 21 days after the event.

Signature of Camper: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian\* \_\_\_\_\_ Name: \_\_\_\_\_

\*A parent or guardian's signature is required for applicants under than age of 18 (only applicants 16 years or older will be accepted)

## Payment

Method:  Cheque  Mastercard, VISA or Bankcard  Cash (in person) Early Bird Camp Fee (before March 10) \$ 45.00

Name as appears on credit card \_\_\_\_\_ Full Camp Fee (after March 10) \$ 80.00

Card Number: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ TOTAL \$ \_\_\_\_\_

Expiry Date: \_\_\_\_\_ / \_\_\_\_\_ Signature as appears on credit card \_\_\_\_\_

Applications along with fees will be accepted only by the following methods: Please check a box:  1. Mail applications to: Youth Ministries PO Box 7 Wallsend NSW 2287  2. Scan application and email as a pdf to info@nnswyouth.com  3. Fax application to (02) 4950 1102

NOTE: No phone applications will be accepted. For more information contact Youth Ministries (02) 4951 8088 www.nnswyouth.com info@nnswyouth.com

## Medical Information (complete and tick where applicable)

Name \_\_\_\_\_

Heart problems \_\_\_\_\_

Diabetes - managed with: \_\_\_\_\_

Ear Problems \_\_\_\_\_

Convulsive disorders \_\_\_\_\_

ADD/ADHD (attention deficit disorder etc)

Asthma (please send medication)

Headaches \_\_\_\_\_

Allergies \_\_\_\_\_

Reaction: \_\_\_\_\_

Tetanus Injection  Yes  No

Date \_\_\_\_\_

Special dietary needs \_\_\_\_\_

Recent operation or injury \_\_\_\_\_

Recent Illness \_\_\_\_\_

Current Medications \_\_\_\_\_

Self administered  To be given by nurse

Dosage instructions \_\_\_\_\_

Medical instructions for nurse \_\_\_\_\_

The applicant is in good health and to the best of my knowledge has no communicable diseases:  (tick)

In the event of an emergency where medical treatment is required, I give permission to the camp nurse or camp staff to administer first aid and arrange medical treatment. (attempts will be made to contact parent/s or guardian/s immediately)

Signed \_\_\_\_\_

Relationship to camper \_\_\_\_\_

Medicare number \_\_\_\_\_

Private health insurance (fund) \_\_\_\_\_

Emergency phone contact (24hrs) \_\_\_\_\_