

# PERMISSION TO VIEW VIDEO TAPES AND DVDS & BE PHOTOGRAPHED OR FILMED:

I consent to my child viewing tapes or DVDs rated (G) General. I understand that a leader will preview all material to check suitability. I give permission for my child to be photographed or videotaped. I understand that the image may be displayed in the church publications, church buildings or website. I understand that as a precaution my child's name will not be published or linked with the photograph.

## CONFIDENTIAL MEDICAL REPORT

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

The information below is requested to assist in case of any illness or accident. This information will be held in confidence. Please tick if your child suffers from any of the following:

☐ Heart condition ☐ Blackouts ☐ Asthma ☐ Sleepwalking ☐ Diabetes

☐ Other (please specify): \_\_\_\_\_

Is your child presently taking medication?

☐ Yes ☐ No

If yes please state the name of the medication, dosage, etc.

Does your child self-administer?

☐ Yes

☐ No

Is your child allergic to:

☐ Penicillin ☐ Bee stings

☐ Other drugs or food (please specify): \_\_\_\_\_

Please list any physical or special needs. (e.g. Dietary requirements) \_\_\_\_\_

I authorise the leaders in charge of the above mentioned group where it is impractical to communicate with me, to arrange for my child to receive such medical or surgical treatment as the leader/s may deem necessary at any time during the activities of One Gen Youth Camp.

I further authorise the use of ambulance and/or anesthetic by a qualified medical practitioner if in his/her judgment is necessary. I accept responsibility for payment of all expenses associated with such treatment. I appreciate that while the leaders, staff and organisers will take every care from Southern Cross Association of Churches, I/we agree that they cannot be held responsible for personal injury, loss, theft or damage effecting my child/ren or their possessions while on this camp from the 28<sup>th</sup> Sept to 2<sup>nd</sup> Oct 2020 at Nanga Bush Camp, Dwellingup.

Signed: \_\_\_\_\_

Signature of parent / guardian

Date: \_\_\_\_\_

### PAYMENT

☐ CREDIT CARD ☐ DIRECT DEPOSIT ☐ CASH

☐ Visa ☐ Mastercard

BSB: 306 074  
Account no: 0470 856  
Description:  
YC 'Youth's name'

Card number

\_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Expiry date

\_\_\_\_ / \_\_\_\_

Total amount to be charged

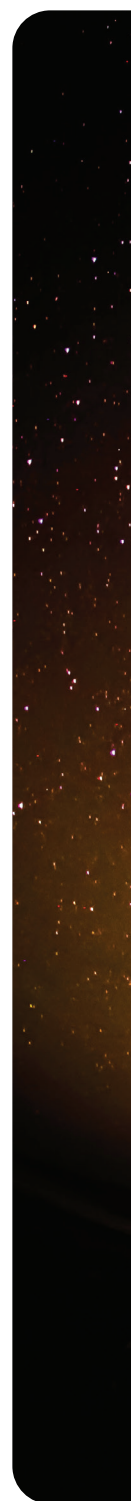
\$

The cost for the camp is \$245 per teenager

Name on card \_\_\_\_\_

Cardholder's signature \_\_\_\_\_

Trim along fold



The theme of **ONE GENERATION** Youth Camp is **Uncover, Discover, Recover**. We believe this camp will UNCOVER the deeper issues of young people's hearts where they will DISCOVER their true worth and a sense of love and acceptance before God and one another. We believe God is on a mission to RECOVER the truth of who He is in their lives!

**AGES** HIGH SCHOOLERS IN YEARS 7-12

**COST**  
\$245

**EARLY BIRD**  
\$230  
BY 13/8

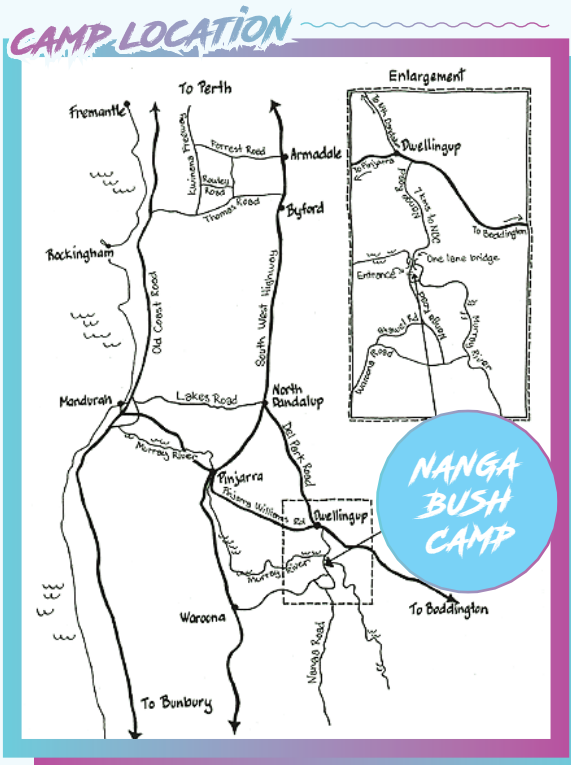
**INCLUDES**

**ACCOMMODATION,  
FOOD, ACTIVITIES &  
TRANSPORTATION TO  
& FROM THE CAMP**

**ENQUIRIES**

**RINNA GHAZALI**  
0449 154 481

**MAT ROOKER**  
0435 203 032



**NANGA BUSH CAMP**  
DWELLINGUP

### DROP OFF MON 28 SEPT

Merriwa One Church Perth: 2.00pm  
Southern Cross Centre: 2.30pm  
Baldivis BP: 3.30pm

### PICK UP FRI 2 OCT

Baldivis BP: 11.30am  
Southern Cross Centre: 12.30pm  
Merriwa One Church Perth: 1.30pm

### POLICY FOR MOBILE PHONES

*We discourage mobile phones on this camp as we believe it takes away from the 'community' atmosphere we are trying to create. However, we recognise this decision is at the parent/ guardian's discretion.*

## REGISTRATION

Please fill out both sides of this form, trim off and hand in to your youth leader.

### PERSONAL CONTACT DETAILS

Family name/s: \_\_\_\_\_ Name of child: \_\_\_\_\_

D.O.B. \_\_\_\_\_ Preferred name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

### EMERGENCY CONTACTS

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Please give details (name, phone number) of other persons who you authorise to collect your child/ren in your absence, while in the care of the above named group:  
\_\_\_\_\_

Are there any family situations we should be aware of? e.g. custodial issues (please specify):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### PERMISSION TO PARTICIPATE IN PROGRAMS / ACTIVITIES:

I consent to my child taking part in the approved program of activities for the Youth Camp.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_