



CHOSEN



2018 CONNECT CAMP REGISTRATION

Extra forms can be downloaded from www.360.org.nz

PARTICIPANT CONTACT DETAILS: (Please print clearly)

Surname: First Names:

Gender: Male Female Date of Birth (DD/MM/YYYY): Age:

Home Phone: Mobile Phone:

Email:

Postal Address:

Who invited you to Connect Camp?

 I belong to Papsda 360

EMERGENCY CONTACT / PARENT / CAREGIVER INFORMATION: (Must be completed)

Surname: First Names:

Relationship to participant:

Home Phone: Mobile Phone:

Email:

Postal Address:

EMERGENCY CONTACT / PARENT / CAREGIVER INFORMATION: (Must be completed)

Surname: First Names:

Relationship to participant:

Home Phone: Mobile Phone:

Email:

Postal Address:

ACKNOWLEDGEMENT OF RISK 1) I understand that there are risks associated with involvement in church activities/events and that these risks cannot be fully eliminated. I understand that the church will attempt to identify any foreseeable risks or hazards and will implement correct management procedures to eliminate, isolate or minimize those hazards. I understand that I/my child have been involved in the development of safety procedures. I will do my best to ensure that I/my child will follow these procedures. 2) I know that I am able to ask any questions of the church about the activities I/my child will be involved in, to gain a better understanding of the risks involved. I recognize that participation in such activities is voluntary and not mandatory and as such I/my child will be participating at my/their own risk. I/my child understand that I/they may withdraw from the activity if I/they feel at risk. This must be done in consultation with the person in charge. 3) I understand that the church does not accept any responsibility for loss or damage to personal property and that it is my responsibility to check my own insurance policy. 4) Two emergency contact numbers have been provided on the Registration Form and are current and up to date. 5) I give permission for my/my child's picture/photos to be used in electronic and other presentations.

PERMISSION

(OR ADULT PARTICIPANT IF 18 YEARS OR OVER)

I give my child:
permission to attend the 360 CONNECT Camp at Lake Ohakuri, Waikato
on the weekend of 16-18 February 2018.

Print Name:

Parent Signature:

Date: (DD/MM/YYYY)

CONNECT CAMP

We kick start 2018 doing what we do best! Building connection, making memories and getting to know our God more at Connect Camp! The fun starts at the fresh waters of Lake Ohakuri where we will spend the weekend camping, water skiing, wake boarding, biscuiting, soaking up the sun and chilling out. But thats not all! Team challenges, food, trophies, worships and so much more. Call your friends now and invite them to join you for an unforgettable weekend! See you there! Remember memories are only real if you're in them!

DETAILS

WHERE: Lake Ohakuri, Waikato

DATES: 16-18 February 2018

WHO FOR: 360 High School, 360 Youth, 360 Life Group Leaders

COST OF CAMP: \$60 per person includes meals from Saturday breakfast to Sunday brunch.

TEAM LEADER: Tracey Ryan

REGISTRATIONS: Due 10 February. Please send your completed Registration Form AND Health Form to: 360 Community Trust, PO Box 23-231, Hunters Corner, Auckland 2155. Alternatively you can hand in your Registration Form AND Health Form to Tracey at the Church Office. For internet payments, please use the following account no: 02-0214-0154304-000 Use your NAME and 360 CONNECT CAMP as the reference.

CAMP FEES: The camp fees are payable by 16 February. Payment options are available. Please talk to us—we don't want anyone to miss out! Please contact Tracey Ryan email tracey@360.org.nz

WHAT TO BRING LIST:

- Camping gear: tent (or find someone who has one to share)
- Camping Mattress, Bedding + pillow
- Clothing for 2 days and a spare set (remember it's cold at night)
- Swimming gear
- Torch
- Toiletries and any specific medicines required
- Plastic bag for wet/dirty washing

- Towels x 2
- Walking Shoes

TRAVEL: We will be arranging car-pooling from Papsda at 4pm on Friday, 16 February. We will return to Papsda at 6:30pm on Sunday February 18th. Please arrange to pick up your young person at this time. Please plan to contribute \$10 cash to the driver of the vehicle your young person is in.

EMERGENCY CONTACT

In case of emergency, please contact one of the following leaders:

- William Wolfgramm 021 042 3724
- Tracey Ryan 021 739 756
- Ricky Ryan 027 494 9432

For more information about CAMP, please contact Tracey or William at Papsda: Ph 278 7786 or email tracey@papsda.co.nz or william@papsda.co.nz

2018 CONNECT CAMP HEALTH FORM

Name of Participant:

Medic Alert Number:

1. PLEASE TICK IF YOU EXPERIENCE/HAVE ANY OF THE FOLLOWING:

- Migraine
- Travel Sickness
- Fits of Any Type

- Epilepsy
- Asthma
- Colour Blindness
- Sleep Walking

- Dizzy Spells
- Nose Bleeds

- Diabetes
- Heart Condition (Please Specify)

For Overnight Events:

Bed-Wetting

Yes No

2. ARE YOU CURRENTLY TAKING ANY MEDICATIONS?

If yes, please state Ailment/s:

Name of Medication/s:

Dosage and time/s to be taken:

Other Treatment:

3. HAVE YOU HAD ANY MAJOR INJURIES (BREAKS OR STRAINS) OR ILLNESS (GLANDULAR FEVER ETC.) IN THE LAST SIX MONTHS THAT MAY LIMIT YOUR FULL PARTICIPATION IN ANY ACTIVITIES?

Yes
 No

4. ARE YOU ALLERGIC TO ANY OF THE FOLLOWING PLEASE SPECIFY

Prescription Medication Yes No

Food Yes No

Insect Bites / Stings Yes No

Other Allergies Yes No

5. WHEN WAS YOUR LAST TETANUS INJECTION?

6. OUTLINE ANY DIETARY REQUIREMENTS:

7. WHAT PAIN / FLU MEDICATION MAY YOU BE GIVEN IF NECESSARY?

8. TO THE BEST OF YOUR KNOWLEDGE HAVE YOU BEEN IN CONTACT WITH ANY CONTAGIOUS OR INFECTIOUS DISEASES IN THE LAST FOUR WEEKS?

Yes No

9. IS THERE ANY INFORMATION THE STAFF SHOULD KNOW TO ENSURE YOUR PHYSICAL AND EMOTIONAL SAFETY? (FOR EXAMPLE, FOR CULTURAL PRACTICES, DISABILITY, ANXIETY ABOUT HEIGHTS/DARKNESS/SMALL SPACES/PREGNANCY/ BEHAVIOUR OR EMOTIONAL PROBLEMS.)

Yes No

DECLARATION:

1) I will inform the appropriate leader as soon as possible of any changes in the medical, mental or surgical treatment including anaesthetic or blood transfusions, as considered necessary by the medical authorities present. 2) Any medical costs not covered by ACC or a Community Services Card will be paid by me. 3) If I am involved in a serious disciplinary problem, including the use of illegal substances and/or alcohol, or actions that threaten the safety of others, I understand that I will be sent home at my expense.

PRINT NAME:

SIGNATURE:

DATE: (DD/MM/YYYY)