

In the event of an emergency, accident or illness to my son or daughter, I understand the leaders of the camp will seek medical, ambulance or hospital attention as required, and I accept full responsibility for all expenses incurred.

In the event of a medical emergency, I also consent to my son or daughter receiving any medical, surgical or anaesthetic care which may be needed, as determined by the appropriate medical practitioner or hospital authority to which my son or daughter has been taken for such care.

I wish to declare that my son or daughter suffers from the undermentioned problems and therefore must receive special attention:

1. in the event of an accident
 2. under normal circumstances
- (write N/A if not applicable)

Full details must be disclosed:

1:

2:

CONSENT

I, _____,
(Parent/Guardian – Full Printed Name)

hereby give permission for my son or daughter to attend the Zone Youth Camp as part of the Zone Youth Group.

I further agree to indemnify, and hold indemnified, the Uniting Church, its agents, servants and voluntary workers against all claims and losses of every kind arising from, or in conjunction with, my child participating in camp activities.

I have supplied full health and dietary information and provided details of emergency contacts. I have read and agreed to the consent above.

(Parent/Guardian – Signature)

Medicare No: _____

I DO / DO NOT give permission for my child to be transported in buses arranged by the Uniting Church.

I DO / DO NOT give permission for photography/video footage to be taken during camp for the purposes of reports/publicity/web pages to be used by the Uniting Church.

If the options above are not selected, we will be entitled to assume your permission.

ZONE YOUTH CAMP



Saturday 23 January

to

Monday 25 January

At Camp Elim

The Lakes Way, Tiona, NSW 2428

For all youth Year 7 (2016) to Year 12 (2015)



WHERE:

CAMP ELIM, 4859 The Lakes Way, Tiona NSW 2428

ACCOMODATION + ACTIVITIES:

Cabins
Canoeing, bushwalking, beach cricket,
tower + swing, swimming

HOW TO GET THERE:

We will be arranging a bus to take us all to and from
Castle Hill Uniting. Details of this TBA. Alternatively you
can meet us there on the day!

COST: \$120 per student

**Don't let the cost stop you from coming; please
contact your youth leader if you cannot afford the
cost.**

**We need to know who is coming soon, so please get
your completed Permission Form and payment in
ASAP.**

**Payment can be in cash to your youth leader or Direct
Debit to St Matthew's (lead organiser of camp)
If Direct Debit the details are:**

BANK: NAB Baulkham Hills
BSB: 082-135 ACC NO: 509181705
NAME: St Matthews BH Jnr Teenage Fellowship
Ref in Payment details: Surname of person attending +
church location e.g. STMATTS, QUAKERS, CHILL

For further details contact your Youth Group
Leader or Chris Eagles (St Matt's)
Chris Mobile: **0425323649**
Or the Church Office: **96863003**

****Please retain this portion for your reference****

**Please complete separate application for
each student:**

<i>Name</i>	
<i>Address</i>	
<i>Phone (H)</i>	
<i>Date of Birth</i>	
<i>Age</i>	
<i>Mother/Guardian name</i>	
<i>^Contact number</i>	
<i>Father/Guardian name</i>	
<i>^Contact number</i>	
<i>School year 2016</i>	
<i>School Name 2016</i>	
<i>Name of other family members attending camp</i>	
<i>Swimming Ability</i>	<i>(tick one below)</i>
<i>Cannot Swim</i>	
<i>Weak Swimmer (<50m)</i>	
<i>Fair Swimmer (50-100m)</i>	
<i>Competent Swimmer (100- 200m)</i>	
<i>Strong Swimmer (200m +)</i>	

Detach Here

Health Information

In the event that both parents are un-contactable, please provide details of an alternative emergency contact person: Name: Relationship: Phone (Home): Mobile:

(Write N/A if not applicable)

Indicate any medical condition:

Regular medication (dosage and frequency):

Any special diet needs or food allergies:

Any other information, which the leaders should
be aware of:
