

Challenge Camp Leader Application Form 2009

Please print & ensure all information is correctly and completely filled out.

Name

Age..... DOB Male/Female

Address.....

Suburb.....

Postcode.....

E-Mail Address

Mobile No

Home Ph

Church Attended

Denomination

T-Shirt Size (*please circle*) **S** **M** **L** **XL**
XXL

NOTE: These are adult sizes.

Please circle the leadership role you wish to undertake for Challenge Camp 2009:

Room Group Leader / Resource Leader / Other

Please give detail (eg: yr 7 boys/cook).....

Emergency Contact Person

Name

Phone No's

Relationship

HEALTH INFORMATION

*To ensure proper care while at camp **please answer the following section thoroughly** giving further details separately should you require more space.*

Medicare No

Card Reference No Exp Date.....

Doctor.....

Phone No

Health Insurance Fund

Membership Number

Date of last Tetanus booster.....

Please mark the following *giving further detail* regarding ANY "yes" answers on a separate sheet and attach it to the application form. This is **vital** to secure proper care for you at camp. All information is confidential.

Are you taking any medication at present? <small>(if yes outline what, dosage & purpose)</small>	Y/N
Are you allergic to any of the following? <input type="checkbox"/> Bee stings <input type="checkbox"/> Penicillin <input type="checkbox"/> Other... <small>(specify what & degree of reaction on separate sheet)</small>	Y/N
Are you on a special diet? (eg: Vegetarian) <small>(If yes please attach details)</small>	Y/N
Operations or serious illnesses?	Y/N
Learning/behavioural difficulties?	Y/N
Sleep Walking?	Y/N
Bed Wetting?	Y/N
Are you challenged in any of the following areas? Physical, emotional, mental?	Y/N
Can you swim?	Y/N
How many metres?	
Is there anyone legally restricted from seeing you? If yes who?	Y/N
Do you have a current Senior First Aid certificate?	Y/N
Have you have previous experience in teenage camping ministry or youth ministry? Please give details...	Y/N

I confirm that the particulars given on the accompanying confidential medical questionnaire are correct and accept responsibility for the declaration above. I understand that photos and video of me may be taken during the program and used in promotion of future events and give permission for these to be taken and used. I give permission for my personal details and information to be kept confidentially and used by Challenge Camp.

Signed: **Date:**

INDEMNITY

Please read, sign and date the following.

My signature below indicates my willingness to participate fully in all activities associated with Challenge Camp, including (but not necessarily limited to) those indicated in the brochure. While every precaution shall be taken to ensure the good welfare and protection of the applicant, the Uniting Church in Australia, its Council members, staff members, employees, or any person acting on their behalf are hereby released from any and all liability in the event of any accident or misfortune that may occur to the applicant or damage or loss to their property. In the case of a medical emergency, I hereby give permission to the Doctor chosen by the Camp Staff to secure proper treatment for and/or order hospitalization, injection, anesthetic or surgery for me.

Signature certifying acceptance of all conditions thereon.

Signed: **Date:**

Payment Information

Camp Fees

Total Fees: \$300.00

Please do not let money get in the way of ministry. Should you require any financial assistance do not hesitate to call the Camp Director. Arrangements are always possible!

Liam Chapman (Camp Director)

m] 0421 706 714

e] liamchapman@me.com

Fee Inclusions

Training day expenses, all meals, accommodation, activities, administration and site fees and a camp T-Shirt.

Challenge Camp does not make a profit.

All forms should be posted to:

**Challenge Camp
3/115 Lagoon Street
Narrabeen 2101**

After receiving application forms, all required information regarding what to bring to camp, pick up and drop off details and contact information will be posted to you. This information will also be available on the web:

www.challengecamp.org.au

For any further information you require please contact a team leader.

Payment Instructions

Please tick one option.

Option 1: Internet Transfer (PREFERRED)

Internet transfers **MUST** include your **FULL NAME** in the *description* section of the transfer.

Please notify us via email when you have made your deposit. Include your name, amount payed and date.

liamchapman@me.com

Each person requires an **individual** transfer. Family payments of this nature can **not** be made in a single transaction.

BSB: 062109

Acc No: 1011 3448

Acc Name: Challenge Camp

Option 2: Cheque / Money Order

Made Payable to: Challenge Camp

Mailed with application form to:

Challenge Camp
3/115 Lagoon Street
Narrabeen 2101

**Full payment is due by
Wednesday the 23rd of
September**

Thank you!