



VENUE

**Elanora Conference Centre
19a Wesley Street, Elanora Heights NSW Australia**

Arrive: 5pm 29th Sep

Depart: 3pm 2nd Oct

Speakers: Brendon & Cathie Clancy & YA Team

**Speakers subject to change without notice*

Rego Form 2009

Last Name: _____

First Name: _____

D.O.B _____ / _____ / _____ (Must be 12-19 y/o) Male/Female

Email: _____

Phone (H): _____ (M) _____

Address: _____

Suburb: _____ State: _____ P/C _____

Parent's Name: _____

Parent's Mobile: _____

Type of registration

<u>12 Jan</u>	<u>1 Mar</u>	<u>2 Jun</u>
28 Feb	1 Jun	27 Sep
<input type="checkbox"/> \$220	<input type="checkbox"/> \$260	<input type="checkbox"/> \$290

Electives

Shine 09 Brings a new and exciting addition to Camp. We are introducing electives. Please number 1 - 3 your preference for the electives of your choice, 1 being first preference.

Leadership Guy Zone Girl Zone
Music Ministry Children's Ministry

Payment Method

Cheque Money Order to 'AFCM' Visa Bankcard MasterCard

Card No: _____ / _____ / _____ / _____ Expiry: ____/____

Name on Card: _____ Amount: _____

Signature: _____

Please Note: Registration is not accepted without full payment

*Camp fees include all accommodation, meals, supervision, activities & skilled instruction.

*Cancellations: A fee of \$30 per person will apply to any cancellation made before 9th September 2009.

No refund will be made after this date. AFCM must be advised in writing of any cancellation. Your registration and payment confirm that you have accepted this policy.

ACCEPTANCE/ACKNOWLEDGEMENT OF RISK

I THE PARTICIPANT WARRANT:

Apart from the "Disclosed matters" I have no current illnesses, injuries or other adverse medical condition and I am in good health. The disclosed matters are: **on a separate page**, please set out any illness, adverse medical condition or ill health from which the participant is suffering or has suffered **OR circle: NONE**.

IMPORTANT: Please note that in regards to non-prescription medications such as paracetamol (eg Panadol), it is our policy that team leaders do not provide medication. The participant acknowledges that a reference to AFCM in this section includes its servants and agents and further acknowledges that by reason of the nature of activities in which the participant may participate in at Elanora Conference Centre (site) and/or offsite that there is a risk of injury to the participant and/or a risk of an adverse affect to any current or past medical condition of the participant. The participant acknowledges and agrees that the participant accepts that he/she engages in activities on or off the site at their own risk and that no legal action may be taken against AFCM. The participant gives AFCM authority, where circumstances deem it necessary, to obtain medical and ambulance assistance for the participant in the case of him/her suffering injury or ill health while at camp. Protecting your privacy is important to us. The information we seek allows us to manage risk, provide reasonable care and administrate your involvement in our camp. We are careful to keep your information confidential, and provide it only to those agents acting on behalf of AFCM who need it to enable them to perform their agreed activities (eg First Aid officer). We will not use your information for other purposes. You are welcome to contact our office in relation to issues regarding your personal information. I acknowledge that the participant may be photographed or videoed during any camp activity and that this footage may be used for promotional purposes. (including online promotions) Youth Activate, AFCM or any of their third parties take no responsibility for applicants before or after the camp, it is the responsibility of the applicant and/or the applicant's legal guardian. I have read and agree to the rules and code of conduct manual.

AFCM YOUTH ACTIVATE CAMP 2009 HEALTH & INDEMNITY FORM

Do you have any ambulance cover? ()Yes ()No Year of last tetanus injection? _____ Will you be taking any medication whilst at the camp? ()Yes ()No

I am a member of the following medical fund _____ My member number of that fund is _____

My Medicare number is _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Participant Signature _____ Date _____ Parent/Guardian Signature (u18's _____ Date _____

Relationship to Participant _____

