

CONSENT & RELEASE FORM

I declare that I have read the information regarding Teen Expedition to be held from 26 September to 3 October 2010. I also understand that it is a condition of participation to accurately complete the Health Record.

I agree that if I suffer injury or illness, the organisers can arrange medical treatment and emergency evacuation services as the organisers deem necessary for my safety or well being. In signing this document I am aware that there may be some risks involved and choose to participate based on this understanding. I agree to accept this risk, and release to the full extent permitted by law, the NORTHERN AUSTRALIAN CONFERENCE and its employees and agents from the responsibility in the program and activities at Teen Expedition.

In the event of accident or illness, I authorise the Activity Leader to consent where it is impractical to communicate with my or my parents, for me to receive an x-ray, surgical or hospital treatment as may be deemed necessary by a licensed physician and /or surgeon. I also authorise to engage such treatment. I agree to pay the appropriate fees for such and any other emergency transportation costs, which may be required. I agree to meet the expense of me being returned home, by the activity leader or leader, accompanying me and then rejoining the group. I understand that such an arrangement may be necessary due to illness, injury, or if, in the opinion of the Activity Leader, non-cooperation of any description or the inability to meet the rigors and requirements of the activity. I agree to attend on this understanding.

I also understand that it is my responsibility to provide all the correct information about myself. The NORTHERN AUSTRALIAN CONFERENCE YOUTH DEPARTMENT will not be held responsible for missing details such as medicare numbers and medical details.

We plan to use photos of this activity for promoting and reporting purposes. If you do not want your child's pictures used please inform us.

Signature of Participant: _____ Date ____/____/2010

Signature of Parent/Guardian: _____ Date ____/____/2010

APPLICATIONS CLOSE 13 SEPTEMBER 2010

Send all forms to NAC Youth Dept. PO Box 51, Aitkenvale QLD 4814, Phone 07 4779 3988, Fax 07 4779 8891 or Email rperes@adventist.org.au or dhoward@adventist.org.au

KAYAKING THE WHITSUNDAYS



TEEN EXPEDITION 13-15 years

26 SEPTEMBER till
3 OCTOBER 2010

EXPEDITION DATE

The expedition will be from the 26 September till 3 October 2010

EXPEDITION LOCATION

The expedition will start from Airlie Beach and head to a number of beaches/islands throughout the week. The islands/beaches that you will visit are: Cockatoo Beach, Dugong Beach, Henning Island and Whitehaven Beach. Everyone will stay at Brian Forresters house in tents on Sunday night, Monday will be the start of the kayaking.

OPTIONS FOR TEENS

To attend the expedition you will need to be able to paddle a kayak and swim. There will be training on the Monday morning before going out. If you would like to come but don't think you would be able to kayak the whole way you may be able to travel in the support vessel, numbers will be limited. There is space for 24 teens to kayak.

YOU WILL NEED

- Your own transport to Airlie Beach
- Arrive at Brian Forresters by 6pm Sunday September 26
- Organise your own food, cooking gear, 2 man tent & clothes

Full details will be sent to you when you apply.

GUEST SPEAKER

The speaker for the week will be Daniel Gomez.

SAFETY INFORMATION

We will have at least 1 adult to every 5 Teens. The teens will work in groups of three to share the gear. 1 double kayak with a single kayak. Every canoeist will wear a correct life jacket and shoes/sandals at all times. We will have at least two boats accompanying the group in case of an emergency and for the supply of water. we will have radio contact at all times.

We will have experienced people with us, such as Kerry Ricahrds (Naturaline Canoes), Ben Kosmeier (experienced boatman) & Brian Forrester (Yacht Owner). The trip has been approved by Queensland Parks and Wildlife Service.

We have checked the trip route and the campsites out. Should there be weather delays or other irregularities, we have several other planned options. We have fully notified and are in communication with relevant government bodies and Air Sea Rescue. This will be the fifth trip to the Whitsundays.

We will be contactable by mobile phone or radio on this trip. We are using sea kayaks, 12 doubles and 6 singles .

APPLICATION FEE

The fee to attend this expedition is \$195. If you bring a non-Adventist friend who has never been on a Junior/Teen camp or expedition you can receive a \$20 discount. If you and a sibling attends you can receive a \$20 discount. Unfortunately if you bring a friend and a sibling comes you only get the \$20 discount. This fee covers the cost of camping fees, back up boats, kayaks, administration & boat expenses.

The cost for people coming from **Mt Isa or beyond will be \$145**. You will also be entitled to family or friend discount.

CONFIDENTIAL APPLICATION FORM

Name: _____

Friend I am Bringing: _____

Postal Address: _____

Phone Numbers: Home _____ Mobile: _____

Email Address: _____

Date of Birth: _____ Age: _____ M / F

Medicare No. _____ Other Health Care: _____

Contact Person in Emergency: _____

Phone Numbers of Contact: Home _____ Mobile _____

Doctors Name: _____

Please indicate which answer is correct.

- | | | | |
|----------------------------------|--|----------------------------------|--|
| 1. Heart Problems | <input type="checkbox"/> yes <input type="checkbox"/> no | 2. Respiratory Problems | <input type="checkbox"/> yes <input type="checkbox"/> no |
| 3. Travel Sickness | <input type="checkbox"/> yes <input type="checkbox"/> no | 4. Phobias | <input type="checkbox"/> yes <input type="checkbox"/> no |
| 5. Operations | <input type="checkbox"/> yes <input type="checkbox"/> no | 6. Recent Illnesses | <input type="checkbox"/> yes <input type="checkbox"/> no |
| 7. Migraines | <input type="checkbox"/> yes <input type="checkbox"/> no | 8. Blackouts | <input type="checkbox"/> yes <input type="checkbox"/> no |
| 9. Fits, Epilepsy, etc | <input type="checkbox"/> yes <input type="checkbox"/> no | 10. Asthmatic | <input type="checkbox"/> yes <input type="checkbox"/> no |
| 11. Diabetic | <input type="checkbox"/> yes <input type="checkbox"/> no | 12. Restrictions on Activities | <input type="checkbox"/> yes <input type="checkbox"/> no |
| 13. Bed wetting | <input type="checkbox"/> yes <input type="checkbox"/> no | 14. Special Diet | <input type="checkbox"/> yes <input type="checkbox"/> no |
| 15. Disability | <input type="checkbox"/> yes <input type="checkbox"/> no | 16. Medication Required | <input type="checkbox"/> yes <input type="checkbox"/> no |
| 17. Drug Reactions | <input type="checkbox"/> yes <input type="checkbox"/> no | 18. Allergies (ie beestings etc) | <input type="checkbox"/> yes <input type="checkbox"/> no |
| 19. Can you Swim | <input type="checkbox"/> yes <input type="checkbox"/> no | 20. Obtained Canoeing Honour | <input type="checkbox"/> yes <input type="checkbox"/> no |
| 21. Intermediate Swimming Honour | <input type="checkbox"/> yes <input type="checkbox"/> no | 22. Last Tetanus Booster - Date | |

If you answer 'yes' to any items 1-18, please supply full details on a separate piece of paper.

FEES

- | | |
|--|--|
| <input type="checkbox"/> Normal Fee \$195 (till 23 August) | <input type="checkbox"/> Normal Fee for Mt Isa & beyond \$145 (till 23 August) |
| <input type="checkbox"/> Less friend OR family discount \$175 | <input type="checkbox"/> Less friend OR family discount \$125 |
| <input type="checkbox"/> Late Fee \$220 (after 23 August) | <input type="checkbox"/> Late Fee \$170 for Mt Isa & beyond (after 23 August) |
| <input type="checkbox"/> Less friend OR family discount \$200 | <input type="checkbox"/> Less friend OR family discount \$150 |

PAYMENT METHOD - Cash Cheque/Money Order Visa Mastercard

Credit Card Number _____ Expiry Date _____

Credit Card Name _____ Cardholder's Signature _____