

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 Junior Camp.

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 6 SEPTEMBER 2010
NO LATE APPLICATIONS WILL BE ACCEPTED

JUNIOR CAMP

MAGNETIC ISLAND

**19-26
September**



CAMP DATE 19-26 SEPTEMBER 2010

CAMP LOCATION

Junior Camp will be held on Magnetic Island at the Active Recreation Centre. We will catch a ferry from Townsville over to the Island and then a bus from the ferry terminal to the Active Recreation Centre

ACTIVITIES

Mountain Bike Riding
Canoeing
Water Sports
Archery
Sports
Snorkelling
Fishing
Horse Riding (at an extra cost \$90)

WHAT TO BRING

☐ Bible, paper, pen
☐ Sleeping Bag, pillow & sheet
☐ Clothes for 7 days (some old ones)
☐ Hat
☐ Shoes (some for getting wet)
☐ Medical Needs
☐ Toiletries including rid and sunscreen
☐ Torch
☐ Water Bottle
☐ Snorkelling Gear

APPLICATION FEE & BREAKDOWN

Fee: **\$265**, if you bring a NON Seventh-day Adventist friend who has never attended camp before then you will receive a \$20 discount. This must be clearly indicated on the application form and both campers must be at camp to receive the discount. If two or more people attend from the one family you will receive a \$20 discount per family member. The application fee only covers the cost of your child. We still have to provide appropriate staffing levels according to government regulations. We must provide their food & accommodation costs as well as the other running costs of the camp. This creates a massive shortfall that the Youth Department doesn't pass on to you! The Northern Australian Conference of Seventh-day Adventists provides a generous grant of **\$6000** to offset the losses incurred by our charging of **\$265** per camper. The other option would be to increase your fee to around **\$500**. To keep costs as low as possible we are charging staff to attend this year **\$50**. We're very thankful to the SDA Church for taking such an interest in young people and offsetting the costs that Junior camp incurs. If you have any questions about our fee structure please don't hesitate to contact the Youth Department. We'd also recommend that you ask your local church whether or not they'd be interested in sponsoring young people to attend Junior camp.

Cost Breakdown	Per Camper	Total
Accommodation	\$10 per night for 7 nights	\$70.00
Meals	\$8 per camper per meal 20 meals	\$160.00
Activities & Daily Program	snorkelling, canoeing, archery etc	\$20.00
Ferry Cost	\$14.00 per person	\$15.00
Program, Administration, Staffing, Boat Costs, Island transport, speaker etc	NAC Sponsored	NA
Total		\$265.00

CONFIDENTIAL APPLICATION FORM

Name: _____
Friend I am Bringing: _____
Friend I would like to share a cabin with: _____
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 bee stings etc)	<input type="checkbox"/> yes <input type="checkbox"/> no
19. Can you Swim	<input type="checkbox"/> yes <input type="checkbox"/> no	20. Last Tetanus Booster - Date	_____

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

FEES

☐ Normal Fee \$265 (till 2 August)
☐ Less friend discount \$245
☐ Less family discount \$245
☐ Less friend & family discount \$225
☐ Late Fee \$290 (after 2 August)
☐ Less friend discount \$270
☐ Less family discount \$270
☐ Less friend & family discount \$250
☐ Horse Riding \$90

PAYMENT METHOD - ☐Cash ☐Cheque/Money Order ☐Visa ☐Mastercard

Credit Card Number _____ Expiry Date _____
Credit Card Name _____ Cardholder's Signature _____

CONSENT & RELEASE FORM

I declare that I have read the information regarding Junior camp to be held from 19-26 September 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