



MEANINGFUL
OR MEANINGLESS?

LIFE

payment details - register & pay online!

Early Bird registration - closes 16/05/11 \$170

Normal registration - closes 27/05/11 \$230

Family discount - \$30 off for each additional child until normal registration closes.

Any registration received after 27/5/11 will incur a late fee of \$50.

No registrations will be received after 3/6/11. PY subsidises our camps to make them more affordable. The actual cost of camp (not including admin and staff) is \$280. If you are able and would like to contribute to cover subsidies and other costs it would be greatly appreciated. Further subsidies are also available on request.

I would like to donate \$20 \$50 \$100 other \$ _____

I wish to pay the full cost / a deposit of \$ _____ for PY Winter Camp.

cheque / money order credit card

PLEASE DEBIT Visa Mastercard

Name on card _____

Card Number

Expiry date ____ / ____ CCV Number _____

Signature on card _____

Date _____

DO NOT PAY CASH! Pay by credit card, cheque or money order made payable to 'Presbyterian Youth.' Send your completed camp form back to PY Winter Camp, 2 Gannons Avenue, Hurstville NSW 2220. Ph: 8567 4700. Fax: 8567 4774. Email: camps@pynsw.org.au

camp rules

ROOMS ARE OUT OF BOUNDS TO THE OPPOSITE SEX • NO ALCOHOL OR DRUGS ON CAMP • ONLY CAMP CONVENERS CAN GIVE PERMISSION TO LEAVE CAMP • DECISIONS OF THE CAMP EXECUTIVE ARE FINAL • ALL ACTIVITIES MUST BE ATTENDED • MOBILE PHONES CAN ONLY BE USED DURING FREE TIME UNLESS PERMISSION IS GIVEN BY CAMP PARENTS • TREAT OTHER PEOPLE AND THEIR PROPERTY WITH RESPECT • BULLYING, VICTIMISATION, RACISM AND THE LIKE ARE NOT TOLERATED

I have read and agree to abide by the camp rules and the decisions of the Camping Director and/or Camp Executive. I have let PY know of any known condition likely to affect the safety or comfort of the camper. Over the counter medication may be prescribed by First Aid officer if required. I understand that my contact details may be used by PY to promote its activities. PY takes photos and videos at its events, some of which are used for publicising and promoting PY and its activities. Attendance at this PY camp indicates that I understand and agree to potentially being included in such material. PY will not be held responsible for any loss of valuables (mobiles phones, iPods etc). The camper agrees to abide by any safety guidelines and/or written and/or verbal instructions in relation to the Camp as established by the Staff of PY in charge for the duration of the Camp. I acknowledge that failure to abide by these guidelines could compromise my safety and well being or that of my child, other participants and staff. My child would then be directed to leave the Camp at my expense. The emergency contact will be notified and expected to retrieve me/my child. I acknowledge that the warning contained in this document constitutes a risk warning pursuant to the *Civil Liability Act 2002*.

meet the Speaker:

Mark Mitchell lives in the Blue Mountains west of Sydney and is a Presbyterian minister who is currently the Chief Executive officer of Scripture Union New South Wales. He is married with three children and is enjoying playing Lego Wii games with his children at present (they just got it for Christmas).

Many believe that the Bible doesn't really deal with tough or relevant issues. But Mark believes (with lots of others) that the Bible asks and answers the hardest questions of life. Ecclesiastes is a book that does this very well. Come and hear how Ecclesiastes gives us courage to live, intelligent, Biblical Jesus centred lives.



Presbyterian Youth

consent

Camper under 18:

I, _____ agree to abide by the Camp Rules

Signed _____

Date _____

Signature of person with parental responsibility, _____

Date _____

Camper over 18:

I _____ am aware of the activities and have completed and submitted the Medical Form and Risk Warning.

Signed _____

Date _____

NOTE: WE WILL SEND BACK THIS FORM IF THERE IS NO CAMPER SIGNATURE AND IF A PARENT DOES NOT SIGN FOR AN UNDER 18.

www.pynsw.org.au

the details

when & where

Camp starts Friday 10th June to Monday 13th June
Registration starts from 6pm. Dinner is NOT provided.
The Grevilla Site, The Tops Conference Centre,
Bendena Gardens Rd, Stanwell Tops. Go to www.thetops.com.au for a map.

who

Anyone in Year 11 in 2011 up to 25 years old.

contact

The PY office on 8567 4700. This number will be diverted to a contact on camp during the whole of camp. In an emergency during camp you can also contact Peter (PY's Camping Director) on 0425 259 947.

what to bring

- Bible and pen
- clothes - winter gear!
- toiletries and towel
- torch
- money for merchandise, bookshop & other stuff
- site provides doona and pillow so bring either sheets and pillowcase or a sleeping bag
- pillow (if you prefer your own!)



camper's details - register online!

Please use a separate form for each camper

Name _____ Male Female

Address _____

State _____ Postcode _____

Email _____

Phone _____ Mobile _____

DOB _____ 2011 School Year _____ Post school

If attending a Church, which one? _____

Emergency contact person (must be available during camp)

Name _____

Relationship to camper _____

Phone _____ Mobile _____

medical details

Doctor's name _____

Phone _____

Last tetanus shot _____

Medicare number _____

Expiry date _____ Ref Number _____

Health Insurance Company _____

Number _____

The risks identified for this activity are detailed in the Risk Warning and Consent Form to be completed and submitted with this Medical Form. Measures have been put in place to effectively manage these risks. Please let us know of any medical condition/disability that may be relevant to the camper's welfare and safety (or you as a leader) on this camp in accordance with this Medical Form.

Special Dietary requirements:

Gluten free Dairy/Lactose intolerant Vegetarian

Food allergy (specify allergy and reaction): _____

Other (please specify) _____

Dietary needs: _____

Circle Yes ('Y') or No ('N') to all the following questions:

- Y / N Food allergy Y / N Environmental allergy Y / N Heart condition
- Y / N Blackouts Y / N Mobility restriction Y / N Diabetes
- Y / N Dizzy spells Y / N Epilepsy Y / N Mental health issue
- Y / N Migraine Y / N Asthma, Mild / Moderate / Severe (circle)

List all medications taken regularly and during an attack: _____

List any triggers and any other information that may assist the PY staff _____

Y / N Allergies? If so, describe: _____

Are they localised / systemic / anaphylactic? (circle)

List all medications taken both pre-, during and post a reaction: _____

Y / N Other illnesses or physical disabilities. Describe: _____

Y / N Taking prescription medication. Describe (include dosage, how often taken): _____

Y / N Can the camper swim more than 100 metres?

MEDICAL AUTHORITY I am the parent/guardian of the child named above. My child is in good health and there are no special problems associated with his or her care other than those set out above. In the event of illness/accident, I authorise the obtaining of such medical assistance for my child as considered necessary by PY, its assigns, employees or agents and/or any medical practitioner consulted by PY. I acknowledge that every possible effort will be made to contact me at the first available opportunity. In the event that my child/ward, through injury or otherwise, is, in the opinion of PY staff in attendance, in need of immediate medical treatment, including surgery and/or the administration of anaesthetics, I hereby give my consent to the PY staff to authorise, in writing or otherwise, the necessary treatment. I accept all medical treatment risks and the responsibility for payment of any expenses thus incurred, including transportation. I am aware that the practice of medicine in a surgery is not an exact science and I acknowledge that no guarantees have been made to me as to the result of any related treatment or examinations.

Participation in the PY Winter Camp 2011 ("the Camp") will include involvement in the following activities: swimming (fresh and/or saltwater); bushwalking (on and off track); initiative and challenge tasks (problem solving games, sporting challenges); obstacle courses; and orienteering. I am aware of the nature of the activities likely to be involved and have completed and submitted the Medical Form and Risk Warning. I agree to delegate my authority to the staff/instructors of PY involved in the Camp.

RISK WARNING I am aware in signing this document for my / my child's participation in the Camp, that certain elements of these activities may be **physically and/or emotionally demanding**. I acknowledge that in providing me with this document, PY has warned me and/or my child that certain **inherent physical and/or emotional risks and dangers may exist** in the activities in which my child will be participating. I acknowledge that while PY and its staff will make every **reasonable effort** to supervise my child and to **minimise exposure to known risks, all hazards and dangers** associated with these activities (including but not limited to the risks identified in the Schedule below) **cannot be foreseen** or may be beyond the control of PY and staff.

SCHEDULE The Camp includes a variety of risks including but not limited to: physical and/or bodily injury including but not limited to fractures, strains, sprains, lacerations, spinal injuries, partial and/or total paralysis, head or brain injuries, loss of limb or body part; and psychological injury, stress and/or emotional distress; and associated trauma; and death, howsoever caused.