

## PAYMENT OPTIONS

**\$85** (if paying before 10th Jan)  
**\$95** (if paying from the 11th Jan onwards)

Please indicate your preferred method of payment:

- Cash Payment
- Eftpos
- Cheque (made payable to:  
Kenmore Baptist Church)
- Credit Card

**KENMORE BAPTIST  
YOUTH MINISTRY**

Po Box 29 Kenmore Q 4069  
07 3378 3595  
church@kbc.org.au



## TRANSPORT

### Car pool from KBC

As car parking is limited, please meet at the church at 8:15am for an 8:30am departure.

Return to KBC at **4:30pm Monday**.

## CAMPSITE DETAILS



Kenmore Baptist Church Youth  
And Young Adult Ministries  
Presents...

# Jan Camp 2010

23 - 25 January



Jan Camp is a great way to start off your year, get to know different people and bring friends along to meet others. The camp's open to all those entering year 8 in 2010 through to 30 years of age.

The weekend is proudly brought to you by Kenmore Baptist Church Youth & Young Adult Ministries. In 2010, Jan Camp will be held at Baden Powell Park Samford – a large scout campsite with fantastic facilities to grow and expand the program. Campers will enjoy various engaging activities across the weekend including stacks of sports, great activities, lazing around the water, worshipping, encountering God and having loads of fun.



## WHAT TO BRING

- Air or Foam Mattress (single mattress only... if bringing a double, you will need to share)
- Swimmers (modest please)
- Towel, **Sunscreen & Hat**
- Toiletries
- Plate, Bowl, Cup, Cutlery (and small bag to store it in)
- Tea-towel
- Clothes for 3 days, Pyjamas
- Sleeping Bag, Pillow
- Ground Sheet or Small Tarp
- Torch
- Fold-up chair **with your name on it**
- Bible (if you have one)
- Pen & Notebook

## IMPORTANT INFORMATION

Jan Camp is a drug & alcohol free event. Anyone bringing/using drugs or alcohol will be immediately dismissed from camp.

Everyone is expected to attend all organised activities on camp.

No boys in girls' tents & vice-versa.

Once at the campsite, you are to stay for the whole weekend, no coming and going is permitted.

**You need to leave for camp from KBC, don't just go directly to the camp site.**

**Bring some extra \$'s for the canteen.**

## REGISTRATION

**Jan Camp 2010 cost is \$85 if registration before 11th Jan (early-bird special). The price from the 11th Jan onwards is \$95.**

There is a family discount available (see Grant Gehrke for details).

**Please complete and detach the Registration form and return to the church with the Medical form before Monday 18th January.**

Credit Card & EFTPOS payments available.

## REGISTRATION

Registrations close Monday, 18th Jan '10. Return forms AND fee to the Help Desk in church foyer or the Church Office.

Name	<input type="text"/>		
Address	<input type="text"/>		
Suburb	<input type="text"/>	P/code	<input type="text"/>
Date of Birth	<input type="text"/>	Age	<input type="text"/>
Gender	Female <input type="checkbox"/>	Male	<input type="checkbox"/>
Home phone	<input type="text"/>		
Mobile	<input type="text"/>		
Email	<input type="text"/>		
Do you need a lift to camp?	Yes <input type="checkbox"/>	No	<input type="checkbox"/>
Can you (or your parents) provide lifts for people other than yourself?	Yes <input type="checkbox"/>	No	<input type="checkbox"/>
If yes, how many others?	<input type="text"/>		
<i>Note: You need to have held a car licence for at least two years to be able to drive anyone under 18 to camp.</i>			
One person I'd like to be in a tent with	<input type="text"/>		
<input type="text"/>			

All tents will be provided and no personal tents will be allowed to be used on camp. Guys/Girls separate tents only.

**KENMORE BAPTIST CHURCH Youth & Young adult MEDICAL CONSENT FORM 2010**

**NOTE:** This Medical Form will cover you for most future activities/camps/events organised by Kenmore Baptist Church Youth & Young Adult Ministry for 2010. This is a general form that includes a range of activities for camps and events, therefore some activities on the last page will not be offered at every event. Please ensure to fill out both sides of this form. If any of your details on this form changes throughout the year, please contact KBC immediately.

\* Complete BOTH the Rego form and this medical form **AND** return with fee to **Help Desk at KBC** or **Church Office**. Rego NOT ACCEPTED without payment.

**PERSONAL DETAILS**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb/Town: \_\_\_\_\_

State: \_\_\_\_\_ P/code: \_\_\_\_\_ Age: \_\_\_\_\_

D.O.B. \_\_\_\_\_ Grade in 2010: \_\_\_\_\_

High School: \_\_\_\_\_

Gender: Male / Female

Phone: \_\_\_\_\_

Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

**Emergency Contact 1:**

Name \_\_\_\_\_

Relationship: \_\_\_\_\_

(H) (\_\_\_\_) \_\_\_\_\_

(Wk/Mb) (\_\_\_\_) \_\_\_\_\_

**Emergency Contact 2:**

Name \_\_\_\_\_

Relationship: \_\_\_\_\_

(H) (\_\_\_\_) \_\_\_\_\_

(Wk/Mb) (\_\_\_\_) \_\_\_\_\_

**MEDICARE NUMBER**

\_\_\_\_\_

**TETANUS INFORMATION**

Date of the participant's last **TETANUS** booster?

\_\_\_\_\_

**SWIMMING ABILITY**

What is the participant's swimming ability? (Please circle as appropriate)

Can't Swim      Poor      Fair      Strong

**MEDICAL CONDITIONS**

HAS THE PARTICIPANT EVER SUFFERED FROM	YES	NO	IF YES GIVE DETAILS (When, what treatment given, etc)
Communicable Disease			
Sugar Diabetes			
Epilepsy			
Heart Problems			
Blood Pressure Problems			
Respiratory Problems i) Asthma ii) Other			If yes to Asthma, fill out "Asthma Management Form" on the next page
<b>Allergies:</b> Foods; Drugs; Ointments; Adhesives; Insects; Other			
Appendix removed			
Recent Operations			
Recent or ongoing injuries e.g. knees, ankles, back			
Recent illness			
Phobias			
Bed Wetting			
Others; please list			

## MEDICINES

Kenmore Baptist Church should be given clear written instructions on any personal medication that the participant will be taking during the camp; this is to prevent any possible confusion that could arise from verbal instructions. Medication should also be placed in a plastic bag with the written instructions.

Please give details of any medication being taken including dosage, frequency etc:

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Do you authorise the provision of **paracetamol** to the participant should the need arise (standard dosage as per the instructions on medication)?  Yes  No

Signed (Parent/Guardian if participant is u18):

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## SPECIAL DIETARY REQUIREMENTS

Please give details of any special dietary requirements, e.g. vegetarian, lactose intolerance, food allergies etc:  
**(NOTE: if you have very specific dietary needs, please contact the church office to discuss)**

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## MEDIA RELEASE

I, \_\_\_\_\_ (parent name or self)  
 being the parent/guardian of

\_\_\_\_\_ (Child's name if under 18yrs) give consent for KBC to use and reproduce **appropriate** photographic/video/film /digital images of me/above-named son/daughter – for the purposes of either Multimedia presentations, Church Website, Brochures/flyers & advertising.

Signed \_\_\_\_\_ Date \_\_\_\_\_

## ASTHMA MANAGEMENT FORM

Name		
Regular medication		
Quantities and daily dosages		
Additional medication to be taken during an attack		
<b>The medications listed above must be brought to the program by the participant.</b>		
Has the participant ever been taken to hospital because of asthma or related conditions? If yes, how long ago, and please give all details.		
Expected best Peak Expiratory Flow reading:		
Peak Expiratory Flow reading requiring extra medication:		
Peak Expiratory Flow reading when advisable to seek medical assistance:		
<b>Known trigger factors (Please tick any appropriate item below and give details)</b>		
<input type="checkbox"/> Dust		
<input type="checkbox"/> Sudden change in temperature		
<input type="checkbox"/> Contact with animals		
<input type="checkbox"/> Grass, weeds, pollens, mould		
<input type="checkbox"/> Atmospheric pollution		
<input type="checkbox"/> Vigorous exercise		
<input type="checkbox"/> Other		

## DECLARATION

I hereby give my consent and authorise the person in charge, or his/her representative, to obtain such medical attention as may be deemed necessary, and I understand I am responsible for the costs. I further authorise qualified medical practitioners to administer anaesthetic and blood transfusion if the necessity arises.

I understand that I/my child if so chooses, may participate in the following activities and I agree to indemnify you against claims for personal injuries resulting therefrom:

### LIST OF INCLUDED ACTIVITIES ACROSS A RANGE OF CAMPS, EVENTS, ACTIVITIES:

- swimming and canoeing (with personal floatation devices provided)
- casual games and activities
- organized games and activities; including various Sports
- sleeping in large tents (marquee style)
- Beach activities, including swimming

I give permission for myself/my child to participate and I understand that whilst all appropriate safety precautions will be followed and leaders have relevant qualifications, the activities mentioned carry an element of risk and that if I do not totally understand those risks I will phone Kenmore Baptist Church (KBC) for clarification.

All Images and associated personal information collected on this form will be stored in either an images database or in another electronic format. The images database and alternative electronic storage resources will be only accessed by KBC staff and administrators.

I understand that this form will be retained by KBC and stored in accordance with Privacy legislation; that the information will be used only to facilitate the provision of a safe and enjoyable experience for the participants; that the participant may update incorrect information, or inspect information held about them by KBC at any agreed time; and that if this form is not fully and accurately completed, the safety of the participant may be jeopardized. I understand that should I refuse to complete this form fully, the participant may be refused permission to participate in the event. If I do not agree with or understand this clause I will contact KBC.

Participant Signature:

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Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Guardian Signature: (If participant is under 18)

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Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

If you would like any further information or would like to discuss anything with the camp facilitators, please feel free to call **KBC 07 3378 3595**.