Christian Youth Camps is an organisation that was formed in 1963, which runs Kids Camps with a Christian flavour for young people in the school holidays.

All activities will be under competent supervision, and may include: kayaking, go-carting, horse riding, crafts, archery, flying fox, etc. Each day there will be a time of bible teaching presented at the campers level.

The CYC Kids Camping programme has OSCAR approval and subsidies towards fees maybe available.

CAMP	SCHOOL YEAR	DATE	PRICE
Boys Summer Camp	Boys Yr 5 - 8	5 - 9 Jan	\$120
Rail Trail Bike Camp	Co-Ed Yr 8 - 13	11 - 15 Jan	\$190
Girls Summer Camp	Girls Yr 5 - 8	11 - 15 Jan	\$120
Girls Horse Trek	Girls Yr 10 - 13	18 - 22 Jan	\$190
Adventure Camp	Co-Ed Yr 8 - 10	25 - 29 Jan	\$190
Girls Pony Camp	Girls Yr 7 - 10	12 - 16 Apr	\$190
Boys Hunting Camp	Boys Yr 9 - 11	12 - 16 Apr	\$160
Mountain Bike Camp	Boys Yr 8 - 10	12 - 16 Apr	\$190
Snow Camp	Co-Ed Yr 7 - 10	5 - 8 Jul	\$400
Winter Boys Camp	Boys Yr 5 - 8	5 - 9 Jul	\$120
Girls Art Camp	Girls Yr 8 - 12	5 - 9 Jul	\$160
Winter Girls Camp	Girls Yr 4 - 7	12 - 16 Jul	\$120
Outdoors Camp	Boys Yr 9 - 13	12 - 16 Jul	\$190
Christian Discipleship	Co-Ed Yr 11 - 13	27 Sept - 1 Oct	\$150
Motorbike Camp	Boys Yr 8 - 10	30 Sept - 2 Oct	\$120
House Party Camp	Girls Yr 8 - 10	4 - 8 Oct	\$160
Computer Camp	Co-Ed Yr 8 - 10	7 - 9 Oct	\$120









l love the Ponies



O.S.C.A.R charities

Christian Youth Camps Rapid 70 Finlayson Rd P.O. Box 15061 Waihola 9243

(03) 417 7120

Kids Camps Enquiries: kidscamps@cycwaihola.org.nz

smokefree

facility Enquiries: info@cycwaihola.org.nz

christian camping

Christian Youth Camps 2010



Christian Youth Camps (Waihola) Inc.

Physical: 70 Finlayson Road, Waihola Postal: PO Box 15061, Waihola 9243

Phone: (03) 417-7120

Email: kidscamps@cycwaihola.org.nz Website: www.cvcwaihola.org.nz

Camp Enrolment Form Camp Details Name of Camp Enrolling: Start Date **Campers Details** Name: Gender: M/F Phone Number: Address: Email: Date of Birth: School Year: Cabin Requests: (maximum of two) **Contact People** Primary Caregiver: Home Address (if different from campers) * Night Phone: Day Phone: Mobile: Emergency Contact: Yes / No Secondary Caregiver: Home Address (if different from campers) Night Phone: Day Phone: Mobile: Emergency Contact: Yes / No **Emergency Contact** Please specifiy an emergency contact other than the caregivers above. Emergency Contact Name: Home Address (if different from campers) Day Phone: Night Phone: * Mobile: Relation to Camper

Travel Arrangements	
Arrival Transport	Private Transport / Bus / Other
Arrival Bus Company	(if bus was circled please fill in)
Bus Company Phone	(if bus was circled please fill in)
Estimated Arrival Time:	(if bus was circled please fill in)
Other (please specify)	(if other was circled please fill in)
Departure Transport	Private Transport / Bus / Other
Departure Bus Company	(if bus was circled please fill in)
Bus Company Phone	(if bus was circled please fill in)
Departure Time:	(if bus was circled please fill in)
Destination :	(if bus was circled please fill in)
Other (please specify)	(if other was circled please fill in)
People authorized to collect your child:	
Medical Information	
Any medical conditions that we should be aware of (e.g. Allergies, asthma, other medical issues) and any medications being brought to camp:	
Doctors Name:	
Address	
Phone Number:	
Additional Information	
Any additional information that we should be aware of in order to take care of your child (e.g. Custody Arrangements, special needs, behavioural issues, etc.):	
Where did you hear about this camp?:	

✓ I will behave myself while at camp and agree to abide by all

camp rules. I will fully participate in the camp program.

Camper Declaration

Signature of Camper

Caregiver Consent

I give consent for my child to attend camp at CYC and have read and understood the following terms and conditions:

- ✓ all enrolment information is correct to the best of my knowledge
- ✓ the information supplied on enrolment form to be used for the safe and effective operation of camp and for possible further contact with the camper named on this form.
- ✓ I agree to the use of any photos/video containing the camper named on this form for publicity purposes without any remuneration.
- ✓ the camp staff seek urgent medical treatment for the camper named on this form at my cost should the need arise. I authorise camp staff to administer necessary medication and minor medical treatment for basic health care (i.e. Paracetamol, cough syrup, Sticky Plasters, etc).
- ✓ Any disruptive behaviour, abuse of others or show disrespect for camp or campers property they will be sent home at my expense. Fees will not be refunded.
- ✓ Camp fees must be paid in full before the camper will be admitted to camp. A \$20 deposit must be paid upon enrolment and is not refundable should camper not attend.
- ✓ I give consent for the camper named on this form to take part in all camp activities, and for transportation of the camper named on this form to and from any off site activities.
- ✓ I will not phone the camper named on this form during camp unless in an emergency. If the camper named on this form becomes unwell, disruptive or is not coping with being away from home, we try to contact you.
- ✓ There will be Bible based talks throughout camp presented at the campers level with the purpose of showing the relevance of the Bible today and to develop a wholesome Christian life. Prayers will be said throughout camp and before meals.
- ✔ As horses can be carriers of tetanus I have ensured the camper named on this form is current in their immunization.

I enclose camp fees of:	\$ Deposit / Full Fees *
Signature of Caregiver:	*
Date:	*

Fields marked as * are required fields. Incomplete enrolment forms can not be processed.

CYC Waihola is a member of Christian Camping NZ.

CYC Adventure camps are OSCAR approved and subsidies towards fees are available

Please contact the Camp Office for more information on OSCAR subsidies.

Last Update