



Christian Youth Camps is an organisation formed in 1963 that specialises in running camps for young people. The camps promote a wholesome Christian life while providing an enjoyable holiday.

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

CAMP	SCHOOL YEAR	DATE	PRICE
Boys Summer Camp	Boys Yr 5 - 8	10 - 14 Jan	\$125
Horse Trek	Girls Yr 10 - 13	10 - 14 Jan	\$250
Girls Summer Camp	Girls Yr 5 - 8	17 - 21 Jan	\$125
Adventure Camp	Co-Ed Yr 9 - 11	24 - 28 Jan	\$200
Pony Camp	Girls Yr 7 - 10	18 - 22 Apr	\$250
Hunting Camp	Boys Yr 9 - 11	18 - 22 Apr	\$165
Mountain Bike Camp	Boys Yr 8 - 11	18 - 22 Apr	\$165
D:Camp	Co-Ed Yr 11 +	3 - 6 Jun	\$120
Snow Camp	Co-Ed Yr 8 - 11	18 - 21 Jul	\$450
Art Camp	Girls Yr 8 - 11	18 - 22 Jul	\$165
Winter Boys Camp	Boys Yr 5 - 8	18 - 22 Jul	\$125
Farm Camp	Boys Yr 9 - 13	25 - 29 Jul	\$165
Winter Girls Camp	Girls Yr 5 - 8	25 - 29 Jul	\$125
Techno Camp	Boys Yr 8 - 11	10 - 14 Oct	\$165
Motorbike Camp	Boys Yr 8 - 11	12 - 15 Oct	\$165
House Party Camp	Girls Yr 9 - 11	17 - 21 Oct	\$165
Cavalcade Camp	Co-Ed Yr 10 - 13	15 - 17 Dec	\$125

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






Christian Youth Camps
 70 Finlayson Rd
 P.O. Box 15061
 Waihola 9243
 (03) 417 7120

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ENROLMENT FORM



CHRISTIAN YOUTH CAMPS 2011



ENROLMENT FORM

- An enrolment form is required for each camp.
- Items marked with * are required fields

CAMP DETAILS

Camp Name:	*
Camp Dates:	*
Where did you hear about this camp?:	

CAMPER DETAILS

Camper Name:	*	
Gender: <input type="checkbox"/> Male / <input type="checkbox"/> Female	School Year:	*
Date of Birth:	*	
Address:	*	
Home Phone Number:	*	
Email Address:		

MEDICAL DETAILS

Doctors Name:	*
Doctors Address:	*
Doctors Phone Number:	*
Medical Conditions:	*
Please list any medical conditions we need to be aware of and any medications you are bringing to camp.	
Additional Information:	*
Please list any information we need to be aware of such as custody arrangements, special dietary needs, behavioural issues, etc.	

CAREGIVER DETAILS

Primary Caregiver:	*		
Home Address:	*		
Day Phone:	*	Night Phone:	*
Cell Phone:	*	Emergency Contact:	Yes / No
Secondary Caregiver:	*		
Home Address:	*		
Day Phone:	*	Night Phone:	*
Cell Phone:	*	Emergency Contact:	Yes / No

EMERGENCY CONTACT

Please specify emergency contact other than the contacts listed above

Emergency Contact:	*		
Home Address:	*		
Day Phone:	*	Night Phone:	*
Cell Phone:	*	Relation to camper:	

TRAVEL ARRANGEMENTS

Arrival Transport:	Private / Bus / Other (please specify)	*	
Arrival Bus Company:		*	
Bus Phone:	*	Bus ETA:	*
Departure Transport:	Private / Bus / Other (please specify)	*	
Departure Bus Company:		*	
Bus Phone:	*	Bus Departs At:	*
Departure Destination:		*	
People authorised to collect the camper at end of camp:		*	

CAMPER DECLARATION

<input checked="" type="checkbox"/> I will behave myself while at camp and agree to abide by all camp rules. <input checked="" type="checkbox"/> I will fully participate in the camp program.	
Camper Signature:	*

CAREGIVER CONSENT

I give consent for the camper named on this form to attend camp at CYC. I 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 disrespect for property 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 non-refundable deposit must be paid with all enrolments before the camper is enrolled in the camp - this includes those applying for OSCAR subsidies.
- 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.

Have you applied for OSCAR subsidies?:	Yes / No
If yes, when did you apply?:	
I enclosed camp fees of: \$	Deposit / Full Fees *
Caregiver Signature:	*
Date:	*