or contact the camp office <u>before</u> camp. for certain campers - please download the form from our website Camper Sponsorship: we have funds available to pay for camp fees

arrange OSCAR subsidy forms before camp and put a 20 day request OSCAR subsidies: contact Work and Income on 0800 559 009 to

coming from the same family to camps within the same holiday Family Discount: 10% off the total fees for 2 or more siblings

Early Bird Discount: \$20 off each camp fee if completed enrolment form and deposit are received 4 weeks prior to the camp.

SINDODSIA



presented at the campers level. Each day there will be a time of Christian Bible teaching

adventure activities are audited under OutdoorsMark CYC Waihola camping program has OSCAR approval and our All camp programs are run under competent supervision.

interest based teenage camps - they are all super fun and you
will be coming back for more!! You will love our themed junior camps and the special camps for kids and teenagers for over 50 years. "se təəws" gninnur nəəd sed tadt noitesinegro əlderiredə Started in 1963, Christian Youth Camps Waihola is a ABOUT CYC WAITHOLA

are that gnibead stanoosib and abonu snoitgo amos aved aw or teach for some due to many different circumstances so the feet of the feet However we do understand that the camp fees may still be samely and the control of the control o

sverage) below the cost of running them!! (on Language and so our camp fees are set 28% (on Language) as the set 28% a our desire that everyone gets the chance to attend a solve our desire that everyone gets the chance to attend a solve our desire that everyone gets the chance to a solve our desire.

OLLHE CAMP FEE

CONTACT US

P.O. Box 15061, 70 Finlayson Road Waihola 9243

Phone Enquiries:

kidscamps@cycwaihola.org.nz **Booking Enquiries:** bookings@cycwaihola.org.nz

Other Enquiries: info@cycwaihola.org.nz

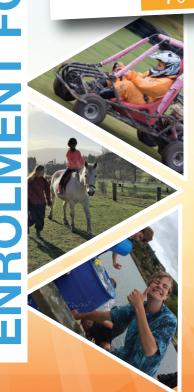
W www.cycwaihola.org.nz facebook.com/cycwaihola







CHRISTIAN YOUTH CAMPS





w cycwaihola.org.nz

VROLMENT FOR All fields marked with * are required fields. HEALTH, BEHAMOUR & DIETARY Camp Attending:* Health and Behavioral Issues First Name:* It is important we know all health issues and behavioural issues that could present Surname:*_ themselves at camp. D.O.B:* Age:*____ Sex:* Male / Female It is important you specify any disabilities or conditions (including behaviour) that School Year (in year of camp):*__ may require special care. E-mail Address:* Please also list any medication the camper may be taking whilst on camp. Phone Number:* Please describe:* Street:* Suburb: City / Town:*_ Province: Postcode:*_ Health care while at Camp CAREGMER / EMERGENCY CONTACTS First Parent / Caregiver Doctor's Practice Name:*_ This is the usually the main person making the application, and is the person the Doctor's Phone Number:*_ camper generally resides with. Is the Camper allowed to have paracetamol in recommended doses if required?* Y / N First Name:* Last Name:* Dietary Information Relationship to Camper:*_ If you child requires a special diet at camp then please advise us of any special dietary requirements, including any food allergies that they may have. In special cases we may require you to provide food if it cannot be supplied by us. Primary Phone:* Secondary Phone:*_ Second Parent / Caregiver □ Vegetarian (eats fish) □ Vegetarian This is usually the spouse/partner of the Primary Contact □ No Ham or Pork □ Egg Intolerant □ Dairy Intolerant First Name:* □ Gluten and Wheat Free Last Name:* □ Other Allergy Relationship to Camper:*___ (Please specify) Primary Phone:*_ Secondary Phone:* **Emergency Contact** Please list an emergency contact who will be contacted only if we are unsuccessful in our attempts to contact the parents / caregivers listed. CAMP FEES We are committed to making camp affordable for all and our camp fees are set on average 28% below the cost of actually running them. First Name:*_ Last Name:* Do you wish to apply for a camp fee subsidy?* Relationship to Camper:*__ □ None □ Work and Income's OSCAR Subsidy / MOH Carer support Primary Phone:*_ □ CYC Sponsorship Secondary Phone:*_ I enclose payment of \$ __ _ * 🛘 Cheque 🗸 Cash 🗸 Internet Banking Cancellation 2 weeks prior to camp will result in fees being refunded minus a \$30 administration fee / deposit. No refunds are available for cancellation 7 days prior to camp. MISCELLANOUS INFORMATION PARENT/CAREGNER CONSENT Terms and Conditions of attendance -all enrolment information supplied is correct to the best of my knowledge Swimming Camps may include swimming and/or water-based activities, and our staff need to know the level of swimming ability to safely plan these activities. What is your child's swimming ability?* I acknowledge that enrolment form information is used for the safe and effective operation of camp and for possible further contact with the camper after camp. • I agree to the use of any photos/video containing the camper named on this form for publicity purposes $\hfill \Box$ Permission Denied: I do not wish my child to participate in water-based activities. without any remuneration. I authorise camp staff to administer all necessary medication as detailed above and minor medical treatment for basic health care (i.e.sticky plasters, etc). □ Unable: Unable to swim at all. $\hfill \square$ Beginner: Basic Strokes, could swim to edge of indoor swimming pool. I authorise camp staff to seek urgent medical treatment for the camper at my cost should the need arise ☐ Good: Strong, Confident Swimmer - can swim at least 50 metres in a indoor swimming pool. So as not to disrupt the camp program, I will not phone or visit the camper named on this form during ☐ Excellent: Strong & Confident Swimmer - could swim at least 50 metres outdoors fully clothed. camp unless in an emergency. • If the camper named on this form becomes unwell, disruptive or is not coping with being away from home, Arrival and Departure we will phone you on the supplied phone numbers. • I acknowledge that behaviour from the camper that disrupts the program, is harmful to others or destroys property will result in camper being sent home at my expense. Fees will not be refunded and camper may How is your child arriving?* □ Private Transport □ Bus not be able to attend again. • I acknowledge 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. Arrival Bus Company: ____ Bus Arrival Time: Arrival Bus Phone: As horses can be carriers of tetanus I have ensured the camper named on this form is current in their immunization. How is your child departing?* A \$30.00 non-refundable deposit must be paid with all enrolments before the camper is enrolled in the camp or have a written arrangement with the CYC Office. • Camp fees must be paid in full before the camper will be admitted to camp or an written arrangement □ Private Transport □ Bus Departure Bus Company: __ with the CYC office must be made with the CYC office must be made • 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 as required. • Camp programs often include outdoor activities that may have an element of high risk. CYC Waihola has strict Standard Operating Procedures (available on request) for managing these activities. Activities are run by trained CYC Waihola paid staff or other persons that have undergone comprehensive training in the activity. Activities can be cancelled or postponed at the discretion of CYC Waihola staff at any time for the safety of the camper and CYC Waihola staff. These activities may not be suitable for persons with health or behavioural issues that could affect their ability to participate or follow the safety procedures. Any campers going outside the safety procedures and rules can result in serious harm. Activities may include but are not limited to: Air Rifles / Target Shooting, Archery, Go Carts, Horse Riding, Hunting (teenage camps only) Kavaking. Bus Departure Time:_ Departure Bus Phone:_ Departure Destination:_ Camper Sign Out Please specify who is allowed to pick your child up at the end of camp:* Nayaking, Paint-ball (teenage camps only) and Zip-line. These terms and conditions are subject to update at anytime - the latest terms and conditions can always be found on this page - http://cycwaihola.org.nz/wordpress? Confirmation of Enrolment How do you want us to confirm camper enrolment?* □ email (preferred) □ posted I, being the parent or legal guardian of the Camper, agree to the above Terms and Conditions of Attendance at CYC Waihola camps and give consent for the camper Camp Discovery on this form to attend camp Where did you find out about this camp?*_ Signature of Parent / Caregiver*:_ Siblings at Camp Full Name of Parent / Caregiver*:___ Is a sibling(s) (that lives at the same address is the camper) attending a Christian Youth Camps (Waihola) Inc. camp during the same holiday period?* Y / N