contact the camp office <u>before</u> camp. for certain campers - please download the form from our website or 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

from the same family to camps within the same holiday period

form and deposit are received 4 weeks prior to the camp.

options available to assist:

■ Family Discount: 10% off the total fees for 2 or more siblings coming

• Early Bird Discount: \$20 off each camp fee if completed enrolment

for some due to many different circumstances so we have the following However we do understand that the camp fees may still be out of reach

Waihola so our camp fees are set 28% (on average) below the cost of It is our desire that everyone gets the chance to attend a 'sweet as' CYC

2 Dec νον ζ

120 9Z 7 Mar

PULIC EVENTS

December Paintball Day

CYC Open Day

Youth Group Games Night

10 - 12 Dec Cavalcade Camp 28 Sept - 2 Oct 077\$ 2770 2770 10 Apr 087\$ 6 - 6 1Y shie הורוא אר 9 -13 SCHOOL YEAR CAMP FEE DATE

CHRISTIAN

Each day there will be a time of Christian Bible teaching All camp activities are run under competent supervision.

presented at the campers level.

you will be coming back for more!! interest based teenage camps - they are all super fun and You will love our themed junior camps and the special camps for kids and teenagers for over 50 years. charitable organisation that has been running "sweet as"

Started in 1963, Christian Youth Camps Waihola is a

CAC



Christian Youth Camps Waihola P.O. Box 15061, 70 Finlayson Road Waihola 9243

Phone Enquiries: 03 417 7120

> **Holiday Camp Enquiries:** kidscamps@cycwaihola.org.nz

Other Enquiries:

info@cycwaihola.org.nz

Online:

O.S.C.A.R charities commission

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





christian

camping





Please fax, email or post CHRISTIAN YOUTH CAMPS WAIHOLA ENROLMENT FORM to the address on front. Ca**ly**pe<u>r's Details</u> All fields marked with * are required fields. Health and Dietary Information Camp Attending:* Health Issues Campers Name:* It is important we know all the health issues that could present themselves at camp. Camper's preferred name: Please specify any disabilities or conditions (including behaviour) that may require special care. Some common things to consider are: Asthma (including any action plan), bed wetting, seizures of any type, heart conditions, travel sickness, sleep walking, ADD/ADHD, E-mail Address:*____ intellectual and/or physical disabilties. Phone Number:*___ Also any medication the camper may be taking whilst on camp. Street:*_____ Please describe:* City / Town:*_____ Province:__ Postcode:* Caregiver & Emergency Contacts First parent / Caregiver This is the usually the main person making the application, and is the person the camper generally resides with. Healthcare While at Camp Name:*_ Doctor's Name:*_ Relationship to Camper:*___ Doctor's Practice Name:* Primary Phone:*___ Doctor's Phone Number:* Secondary Phone:*_ Is the Camper allowed to have paracetamol in recommended doses if required?* Y / N cecond parent / Caregiver Dietary Information This is usually the spouse/partner of the Primary Contact If you child requires a special diet at camp then please advise us of any special dietary Name:*___ requirements, including any food allergies that they may have. In special cases we may Relationship to Camper:*_____ require you to provide food if it cannot be supplied by us. Primary Phone:*__ Secondary Phone:*_ Vegetarian □ Vegetarian (eats fish) ☐ Vegan ☐ No Ham or Pork Faa Intolerant Dairy Intolerant ☐ Gluten and Wheat Free ☐ 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. Other Allergy (Please specify) Name:* Relationship to Camper:*___ Primary Phone:* Secondary Phone:* Camp Fees: Miscellanous Information SAPSIGIES ANG SPONSOLZHID 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. **CWIMMING** Do you wish to apply for a camp fee subsidy?* Camps may include swimming and/or water-based activities, and our staff need to know the level of swimming ability to safely plan these activ □ None □ Work and Income's OSCAR Subsidy □ CYC Sponsorship What is your child's swimming ability?* I enclose patment of \$ _____* □ Cheque □ Cash □ Internet Banking □ Permission Denied: I do not wish my child to participate in water-based activities. 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. ☐ Unable: Unable to swim at all. ☐ Beginner: Basic Strokes, could swim to edge of indoor swimming pool. Parent/Caregiver Consent ☐ Good: Strong, Confident Swimmer - can swim at least 50 metres in a indoor swimming pool. □ Excellent: Very Strong & Confident Swimmer - could swim at least 50 metres outdoors fully clothed. Terms and Conditions of Camper Enrolment I give consent for the camper named on this form to attend camp at CYC Waihola and I Arrival and Departure have read and am in agreement with the following terms and conditions: Drop off at between 10.30am - 11.30am Monday / Pick up between 1.30pm - 2.30pm Friday •all enrolment information supplied is correct to the best of my knowledge •I acknowledge that enrolment form information is used for the safe and effective operation of camp and How is your child arriving?★ 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 ☐ Private Transport ☐ Bus Bus ETA:___ without any remuneration. Arrival Bus Company: _____ •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). How is your child departing?* •I authorise camp staff to seek urgent medical treatment for the camper at my cost should the need arise ☐ Private Transport ☐ Bus •I will not phone the camper named on this form during camp unless in an emergency. If the camper ____Bus Phone: Departure Bus Company: _____ named on this form becomes unwell, disruptive or is not coping with being away from home, 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 Departure Destination: ____ Bus Departure Time: property will result in camper being sent home at my expense. Fees will not be refunded and camper will Camper Sign Out not be able to attend again. •I give consent for the camper named on this form to take part in all camp activities, and for transportation Please specify who is allowed to pick your child up at the end of camp:* of the camper named on this form to and from any off site activities. 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. •As horses can be carriers of tetanus I have ensured the camper named on this form is current in their CONFIRMATION OF ENPOLMENT immunization. •A \$30.00 non-refundable deposit must be paid with all enrolments before the camper is enrolled in the How do you want us to confirm camper enrolment?* □ email (prefered) □ posted camp - this includes those applying for OSCAR subsidies and/or sponsorship. •Camp fees must be paid in full before the camper will be admitted to camp. Camp Discovery I, being the parent or legal guardian of the Camper, agree to the above Terms and Where did you find out about this camp?*__ conditions of camp and the Parent/Guardian Consent. SIBLINGS at Camp Signature of Parent / Caregiver*:

Full Name of Parent / Caregiver*:____

Date*:__

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