



# Registration Form



Camp Date: \_\_\_\_\_

Venue: \_\_\_\_\_

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

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

Nationality: C M P A O \_\_\_\_\_ DOB: \_\_\_\_\_ Age \_\_\_\_\_

Sex: Male  Female  Email: \_\_\_\_\_

Phone Hm: \_\_\_\_\_ Ph Wk \_\_\_\_\_ Mobile: \_\_\_\_\_

Occupation: \_\_\_\_\_ Photo attached  (passport sized) Fee paid

State any medical Condition: \_\_\_\_\_

Medication: (for attending nurse) \_\_\_\_\_

Medical Allergies: \_\_\_\_\_

Food Allergies: \_\_\_\_\_ Are you vegetarian? \_\_\_\_\_

Are you attending as: Participant:  Support Adult:  Leader:

### PARTICIPANT/SUPPORT ADULT:

Have you been told that the camp runs from 6.00pm Friday to 1pm Sunday

Are you aware that the camp has sessions where you're expected to listen, participate and learn about issues affecting young people?

Do you have a genuine desire to improve your personal development?

Have you read or been told of the guidelines for the weekend?

Are you aware that there are no cellphones or walkmans allowed at camp?

If you smoke and are under 16, need your parents permission to do so?

PARTICIPANT/SUPPORT ADULT SIGNATURE: \_\_\_\_\_

### Parent/Guardian:

I give permission for my Son/Daughter to attend this camp and ongoing counselling as reqd.

I've read the guidleines concerning Youth T.E.A.M. Focus camps

I am aware that discussion will be held on drugs, alcohol,sex, moral and social issues.

I give permission for medical care to be sought should the need arise.

I do/do not give my son/daughter permission to smoke at camp.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_