

G.U.Y.S. Camp Registration Form 2014

Camper details: Name: _____ Known as: _____

Phone: _____ Mobile: _____ D.O.B: _____ Gender: F / M

Address: _____

Email: _____

Current School Year: _____ Current School: _____

Emergency Contact: Name: _____

Phone: _____ Mobile: _____

Email: _____ Relationship to camper: _____

- | | | |
|--|------------------------------|-----------------------------|
| 1. Is there any medical/allergy information that we need to know about? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Are you currently taking any medication? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Are your immunisations fully up to date? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. Do you have any dietary needs we need to know about? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. If there is anything else that we have forgotten to ask about you that we need to know? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

6. **PHOTOS** I give permission for photos to be taken of me on camp and agree that they may be used by Kapiti Catholic Child & Youth Ministry in their promotional material and on their Facebook page & parish website.
- Yes ☐ No ☐

CONSENT: *While all reasonable care of managing activities will be taken, in the event of injury, loss or damage arising from unforeseen circumstances or where the participant has failed to abide by guidelines or rules the organisers cannot be held responsible for such injury, loss or damage. I have listed my special medical/emergency requirements on this form and agree that in an emergency, any necessary decisions can be made by those in charge if my parents/guardians cannot be contacted at the above phone numbers. All cellphones and other equipment are the sole responsibility of the individual camper.*

Signed : Camper: _____ Parent/Guardian: _____

7. ADMINISTRATION

Please return registrations by Friday 21 November 2014.

Cheques made payable to St Patricks Youth

Internet Banking: 03 0732 0433768 00

(include name of camper in reference)

Do you require a receipt? Yes ☐ No ☐

Office use only:

Payment received: ____/____/____

Payment type: _____

Receipt sent: ____/____/____

Banked: ____/____/____

Welcome letter sent: ____/____/____

Database updated: ____/____/____