

Emmanuel Family Camp
24 – 27 April 2020



Pursuing

HOPE

Family Registration Form

INFORMATION SHEET

CAMP FEES

Adults: \$160

11 – 14 yrs : \$130

5-10 yrs : \$100

0 - 4 yrs : free

Due to the generosity of donors these camp costs are significantly subsidised, however we don't want anybody to miss out so if there is still any problem with finance please contact us. All fees are non-refundable.

SEND REGISTRATION FORMS TO:

By post:

Attn: Kirsty Anderson
Emmanuel Family Camp
C/- ELEVATE Christian Disability Trust,
PO Box 13322, Onehunga, Auckland 1643

By email:

familycamp@elevatecdt.org.nz

Spaces are limited so register as soon as possible to avoid disappointment

Registrations close 9th April 2020

FRIDAY NIGHT ARRIVAL

- The camp is held at Totara Springs Christian Centre, 288 Taihoa North Rd, Taihoa 3473. Once you enter through the gate you will need to drive down the driveway past the main building on your left. Registration is in the Kowhai Seminar Room. Please respect the speed limit around camp of 15 kph.
- Registration on Friday night is between 6pm – 7pm in the Kowhai Seminar Room.
- Dinner is NOT provided on Friday so please have something before you arrive.
- Friday night contact - if you are running late or are lost phone Kirsty on 0211075525

PACKING LIST

- Medication – bring enough for 3 full days
- Toilet gear and towels
- Change of clothes for 3 days
- Swimming gear and towel
- Sunscreen, hat, rain jacket
- Torch
- Bible

**REMEMBER: ALL ITEMS
MUST BE NAMED**

Other special items as required:

- Nappies, Catheters, etc
- If you normally use a mattress protector at home, please bring it with you
- Electric wheelchair charger
- Hoist & Commode
- Special drink cup

What not to bring:

- Your own food, chewing gum, firearms, illegal drugs or alcohol
- We recommend you don't bring electronic devices (e.g. iPods, DVD players, computers)



Emmanuel Family Camp 2020 Family Registration Form

OFFICE USE ONLY:

- Application accepted
- Invoice sent
- Payment received
- Cash Chq Online Hrs

Surname	First Name	M / F	Age (as of 24 th April)	Camp Fee (Or Respite Hours)
Total				

ADDRESS: _____ CITY: _____

POST CODE: _____ EMAIL: _____

HOME PH: _____ WORK PH: _____ MOBILE PH: _____

DISABILITY SECTION		Only to be completed for those with disability. Please circle appropriate information.
COMMUNICATION	Good Fair Poor	If Fair/Poor, please describe communication
MOBILITY	Independent / Crutches / Walking Frame / Manual Wheelchair / Powered Wheelchair	

Please describe your family member's disability and how this affects them:

Details: Intellectual / Physical / Mental Health / autism / aspergers / medical / Other

What activities / interests does your child enjoy? (This will help us organise our camp program)

Does your child have any behavioural difficulties we need to be aware of? How best can we support your child with these?

Please note that all personal care will be the responsibility of the family

MEDICAL SECTION Everyone is to complete this section. Please circle appropriate information.**Do any of your family attending camp have any allergies?** YES / NO

Please list the person's name, allergy and severity

Please note special diet requirements (Gluten free, food pureed etc)**Do you take medication?** YES / NO**LIST ALL MEDICATION BELOW (INCLUDING SELF-ADMINISTERED)**

Attach an extra list of medications if necessary

FIRST NAME:	MEDICATION NAME: (print clearly)	DOSAGE: (e.g. mg or ml)	TIMES TAKEN (i.e. BREAKFAST,LUNCH,TEA)

Please write any other information that the camp co-ordinators/helper may require to know
e.g. behaviour, routines (please attach a separate sheet of paper if you require more space)**OPTIONAL ACTIVITY SIGNUP**

During free time on Saturday afternoon we will have slingshot paintball as an optional activity. Please list here the names of your family who will be taking part in this activity.

PAYMENT Please indicate payment method below

- Cheque enclosed:** All cheques made payable to "Emmanuel Support Group"
- Internet payment:** Deposit your camp fees directly into the camp's ANZ bank account
Bank account #: 01-0170-0182484-00 Please include your SURNAME as a reference.
Date transfer made / / and total amount transferred \$ _____
- Respite Care Hours:** Elevate Christian Disability Trust is a registered support carer with the Ministry of Health. Please contact us if you would like to use your respite care hours for your child's camp fees.

Receipts for full fees will be given out at camp**CONSENT**

- I consent to the information supplied in this form being used for the purpose of organising the camp
- I consent to the publication and use for promotional purposes of any ELEVATE Trust video and or photograph in which I may appear as a result of attending this camp
- I agree that ELEVATE Trust will not accept any responsibility for any loss or damage of personal property, also that leaders and or helpers cannot carry legal liability for any accident, injury or occurrence to myself (son/daughter/participant) during this camp
- I agree that my name be placed on the Emmanuel Support mailing list
- I agree to abide by the ELEVATE Trust Code of Conduct and any rules as directed by the Camp Committee

Signed: _____

Date: _____

This form must be **SIGNED** and **DATED**. If not, **REGISTRATION WILL BE DECLINED**