

Christian Fellowship For Disabled Auckland Registration Form 2018

Surname		First Name/s	
Male / Female	Camper /Helper	Age: under 12 / 13-17 / 18-29 / 30-59 /60+	

Address: _____ Area _____
 Post Code: _____ Email: _____ Home Ph: _____
 Work Ph: _____ Mobile Ph: _____

Name of Emergency Contact Person (Not at Camp)

Note: Must be contactable 24hrs a day Ph: _____ Mobile: _____

Relationship to Camper: **Parent /** **Caregiver /** **Group Home Manager**

Have you been to a CFFD, Joy, or CMWDT camp before? Yes No

Camp Fees:
Please tick: I am coming to the full camp or, I am a Day Visitor as Below
 Full Camp \$100.00 (over 12 years) or \$80 (Children 5-12) Helpers \$80
 Please enquire price for (children 0-5) If paying via Respite form contact Viv Riddell
 Day Visitor Fee: Saturday: Lunch \$17.00 Dinner \$23.00 Both Lunch & Dinner \$40.00. Sunday: Lunch & 17.00

**Do not send cash through the mail. All cheques made payable to "C.F.F.D. -Auckland" or
 Payments may be made via internet banking. C.F.F.D.-Auckland Branch, ANZ.
 Account Number: 01 0142 0029685 02
 Please put your name and 'CFFD Camp'**

Deposit (\$30.00 minimum) /Full Fee (cross out one) \$_____ Enclosed Via Internet

Transport:
 Do you need transport? Yes No (Not applicable for day visitors)
 Car owners willing to provide transport for camp.
 Type of Vehicle Car Van (No. of seats apart from driver)
 Can you take a wheelchair? Yes No **Please complete the reverse of this form**

PERSONAL INFORMATION

Please tick applicable boxes:

Male Female Nurse Helper Disabled Helper

WEIGHT UNDER 56 kg 56 -76 kg 76 – 95 kg Over 95 kg

HEIGHT SHORT MEDIUM TALL

CAN YOU SLEEP ON A TOP BUNK Yes No **Do you require plug for Bipap** Yes N/A

Do you have any Allergies? YES No **List allergies and or special dietary requirements:**

List medical conditions (not disability) and devices (e.g. diabetes, pace maker, bipap machine)

Do you take medication? Yes No

Please list clearly ALL medication below (Attach a separate list if necessary printed from your pharmacist or caregiver, group home etc. including self administered). This is a legal requirement, due to Health and Safety regulations.

MEDICATION NAME: print clearly	Dosage (eg mg or ml)	How often taken per day	Times Taken

Disability Section

Please provide detailed information. This assists us with assigning buddies and accommodation. If there is a care plan please include this with your form

Disability: Physical Intellectual Autism Specify if necessary.

Communication Good Fair Poor Sign Electronic Other (please specify)

Mobility Independent crutches walking frame manual wheelchair Electric wheelchair

Transfers Independent 1 person assistance 2-person assistance Hoist

Toileting Independent prompting/minimal assist full assistance commode (bring own)

Nappies/night pads supra Pubic Catheter Indwelling catheter self-catheterising

Shower Independent minimal assist 1 person assistance 2-person assistance

Dressing Independent minimal assist 1 person assistance 2-person assistance

Eating Independent minimal assist Full assistance Choking risk or special diet ie soft food or thickened drinks gluten free dairy free diabetic etc Yes No Specify _____

Helpers:

Please let us know if you **cannot** help with lifting or have **needs** of your own for us to be aware of.

If you play an instrument and would be prepared to play it at camp, please feel free to bring it.

There is a time for training and touching base with our buddies and learning more about their specific care needs on the Friday night camp begins. No person is expected to have all the answers and there is always a lot of care prayer and thought put in place when matching buddies. We have an excellent team of support folk at camp who will help and guide you if you need it. Especially for first time buddies.

There is going to be a dance at camp on the Saturday night so all campers prepare yourselves for some fun, bling, glam and shazam in the name of worship fun and Seeking first the kingdom of God.

Terms and Conditions- Please Read and Sign:

- In the terms of the Privacy Act 1993, I consent to the information supplied in this form being used by the camp Directors for the purpose of organising the affairs of the camp.
- I also agree to abide by any rules as directed by the Camp Directors.
- In an emergency, all effort will be made to contact the emergency contact noted on this form. If this person cannot be reached, then the Camp Directors will take action as seen appropriate in the circumstances, and will not be held liable.
- I consent to any publication of any video and or photograph which may appear as a result of attending this camp.
- Please do not bring valuable items to camp. CFFD will not be held liable for any damage/theft.
- Note this form must be signed. If it is not, registration will be declined.
- All first-time helpers are required to complete the attached Police Check form and return it with this registration form.
- I understand that the Camp Directors have the right to decline any registration.

Signed: _____ Date: _____

