



JOY
MINISTRIES

Joy Ministries NZ National Camp

Totara Springs, Matamata

18th - 20th May 2018



Cost of weekend

Adults	Children to 14 years	0 - 4 years
\$120	\$80	Free

PLUS Transport \$

Total Payable:

Closing date for all registrations: 23rd April 2018

Camp Enquiries to:

Esther Stephenson - jmcamps@elevatedcdt.org.nz • 027 209 9699

Payment options:

1. **Cheque:** All cheques made payable to "Joy Ministries NZ"
2. **Bank Deposit:** ANZ, Joy Ministries (NZ) 01-0170-0182484-02 (please include your **LAST NAME** and **FIRST INITIAL** (eg. Stephenson Z).

Send your Registration form and payment (if applicable) to:

1. Your Local Area Co-ordinator

CAMP INFORMATION

Joy Ministries Camp - Friday 18th - 6pm (dinner only provided to those who pay in advance) to Sunday 20th - 2pm.

✓	What to bring:			
	Sleeping bag & blankets (it can be very cold)		Four changes of warm clothing	Toiletries (incl. Sanitary needs for ladies)
	Pillow		x2 towels	Bible
	Water proof bedding (if required)		Torch	Saturday Night Dance: Dress in your favourite colour
	Swimming Togs		Medication for 3 full days	Rain coat / Rain jacket

NB: ALL CLOTHING and LUGGAGE MUST BE NAMED

* Do not bring phone, iPod, MP3 player, money, radio, TV or video games to camp

Directions to camp:



How to get there from Matamata:

1. Take Highway 24 along Mangawhero Road which then becomes Tauranga Road.
2. **PLEASE NOTE: DO NOT** take road to Crystal Springs.
3. The Totara Springs camp turn off is approximately **4 km** from Matamata, turn left into Taihoa Road.
4. The camp is sign posted Totara Springs Christian Camp (also CMWDT Camp).

EMERGENCY CONTACTS:

Camp (07) 888 4700 or Esther (Camp Co-Ordinator) 027 209 9699

Please read and note the following:

1. I understand that Joy Ministries will not accept any responsibility for loss or damage of personal property.
2. With limits regarding size of the group not all registrations will necessarily be accepted. Unsuccessful registrations will be advised within a fortnight of registration.
3. I authorise the obtaining of any medical assistance on my behalf if in the opinion of the leaders such treatment is necessary. I understand costs will be passed on.
4. I agree that the leaders and helpers of Joy Ministries or any others involved can not carry legal liability for any accident, injury or occurrence to myself (or charge) during camp. Naturally leaders will take every possible care.



Joy Ministries National Camp 18 - 20 May 2018

Registration Form

Office Use: C / F / H

SECTION 1:

First Name:	Last name:

Please complete:		Please circle below as applicable:	
DOB:	Age:	Male / Female	Camper / Helper

Contact Details:

Home Phone No: (0)	Mobile No: (02)	
Email (to confirm registration):		
Address:	Town / City:	Postcode:
Branch of JM you belong to: Akld Central / Akld East / Akld South / Hamilton / Hastings / Masterton / Taupo / Whakatane / None		
Other Branch: _____ Have you been to a Joy Ministries or Elevate camp before? Yes / No		

Additional Essential Information:

Name of parent / caregiver:	
Parent / Caregiver Email address:	
Home Phone No: (0)	Mobile No: (02)
Name of Doctor:	Phone No: (0)
Medical Practice name & address:	

SECTION 2:

Describe your primary and secondary disability:

Do you have any mental health conditions? Yes / No (if yes, complete details below):

Please write any information that we as camp co-ordinators or the buddy may require to know with regards to the camper eg: behaviour, routines etc:

Do you have food allergies or diet requirements (health or cultural)? Yes / No (if yes, complete details below):
NB: Diets of Gluten Free; Dairy Free; or Vegetarian will incur an \$14 extra charge

Diet Requirements (health or cultural): eg: No added sugar	Food Allergies: eg: Eggs - causes vomiting

Medication:

Do you take medication? Yes / No (if yes, it is **ESSENTIAL** you list (PRINT) below **EVEN** if self administered):

Breakfast:	Lunch:	Tea Time:	Bed Time:
<i>Eg: Epilim 200mg x1 tablet</i>	<i>Eg: multi vitamin x2 tablet</i>	<i>Eg: Epilim 500mg x3 tablet</i>	<i>Risperidone 0.5mg x1 tablet</i>

Is your medication **BLISTER PACKED**? Yes / No (please circle)

Do you have any medication allergies? Yes / No (if yes, it is **essential** you list these):

SECTION 3:

Can you sleep on a top bunk? Yes / No	Do you snore? Yes / No
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Weight: under 55kg 55kg - 75kg over 75kg

Do you have a disability? Yes No **If YES, complete this section. If NO, go to section 4.**

Communication: (if poor, please indicate means of communication):

<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor (means of comm.) _____
Mobility: <input type="checkbox"/> Independent / Crutches / Walking Frame	<input type="checkbox"/> Manual Wheel Chair	<input type="checkbox"/> Electric Wheel Chair
Transfers: <input type="checkbox"/> Independent	<input type="checkbox"/> One Person Assistance	<input type="checkbox"/> Hoist Transfer / Two Person Assistance
Toilet: <input type="checkbox"/> Independent	<input type="checkbox"/> Prompting / minimal assistance	<input type="checkbox"/> Full Assistance
Shower: <input type="checkbox"/> Independent	<input type="checkbox"/> Minimal assistance	<input type="checkbox"/> Full Assistance
Dressing: <input type="checkbox"/> Independent	<input type="checkbox"/> Minimal assistance	<input type="checkbox"/> Full Assistance
Eating: <input type="checkbox"/> Independent	<input type="checkbox"/> Minimal assistance / Supervision	<input type="checkbox"/> Full Assistance

SECTION 4:

Friday night dinner (optional)

Some of us are having a simple dinner together at camp for an additional \$5 per person. If you would not like to take part, that is okay but you will need to provide your own dinner. If you would like to take part, please tick your dinner choice:

Chips & Hotdog **OR** Chips & Fish (battered)

SECTION 5:

Camp Fees: (Please do not send cash in the mail!) All cheques payable to **Joy Ministries NZ**

Amount payable: *Please cross out where applicable*
Camp fee: \$ _____ + **Transport:** \$ _____ + **Friday Dinner:** \$ 5 or 0 + **Spec Diet:** \$ 14 or 0 **Total:** \$ _____

Cheque enclosed, or
 I have paid my fees via Direct Credit on this date _____

In the terms of the privacy act 1993:

- 1) I consent to the information supplied in this form being used by the Camp Leadership Team for the purpose of organising the affairs of the camp.
- 2) I consent to the publication of any video and/or photograph which may appear as a result of attending this camp.
- 3) I agree that ELEVATE Christian Disability Trust will not accept any responsibility for loss or damage of personal property.
- 4) I agree that my name be placed on the Joy Ministries contact list and ELEVATE Christian Disability Trust mailing list to receive The Encourager magazine and Joy Ministries updates.
- 5) I agree to abide by the ELEVATE Christian Disability Trust Code of Conduct and any rules as directed by the Camp Leadership Team.
- 6) I understand that the Camp Leadership Team have the right to decline any registration.
- 7) 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 Leadership Team will take action, as seen appropriate in the circumstances, and will not be held liable.
- 8) Note this form must be signed and be completed in full. If it is not signed or completed in full, your registration will be declined and returned

Signed: _____ **Dated:** _____

Please note:

1. All children under the age of 14 years must be accompanied by a guardian. Exceptions only at the discretion of Camp Leadership Team.
2. If you are a first time Elevate or Joy Ministries Camp Helper you will be sent a Police Check form for completion and return