



**Camp Fees: Please tick which applies**

<ul style="list-style-type: none"><li>I am coming to the full camp <input type="checkbox"/></li></ul> Full price- Child (5-12) \$80.00 <input type="checkbox"/> Camper or Helper (over 12 years) \$160.00 <input type="checkbox"/>
<ul style="list-style-type: none"><li>I am coming as a Day Visitor <input type="checkbox"/> and will stay for the following meals: <b>Saturday:</b> Lunch \$20.00 <input type="checkbox"/> Dinner \$30.00 <input type="checkbox"/> Lunch &amp; Dinner \$50.00 <input type="checkbox"/> <b>Sunday:</b> Lunch \$20.00 <input type="checkbox"/></li></ul>
With this registration I am paying: Deposit (non-refundable) <input type="checkbox"/> \$ 50.00 Full camp fee <input type="checkbox"/> \$160.00 Visitor Fee <input type="checkbox"/> \$_____
My fee is being paid by: Online via Internet <input type="checkbox"/> Cash <input type="checkbox"/> Respite care hours <input type="checkbox"/>
<b>Please make online payment to "C.F.F.D. -Auckland Branch"</b> ANZ bank, Account Number: 01-0142-0029685-02 Please include <b>your name</b> and <b>CFFD Camp</b>

**Personal Information Please tick applicable boxes:**

Have you been to a CFFD, Joy, or Elevate CDT camp before? Yes <input type="checkbox"/> No <input type="checkbox"/> .
<b>Height:</b> Short <input type="checkbox"/> Medium <input type="checkbox"/> Tall <input type="checkbox"/>
<b>Weight:</b> Under 56 kg <input type="checkbox"/> 56 -76 kg <input type="checkbox"/> 76 – 95 kg <input type="checkbox"/> Over 95 kg <input type="checkbox"/>
<b>Can you sleep on a top bunk?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Do you require plug for CPAP or BiPAP</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Do you have any Allergies and or special dietary requirements?</b> YES <input type="checkbox"/> No <input type="checkbox"/> Please Specify your allergies or diet needs _____

<b>Please list any medical conditions you have other than your disability or devices used.</b> (e.g. epilepsy, diabetes, pacemaker, etc.)          
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**Medications: Do you take medication? Yes  No**

**If so, please send a list with this registration form of ALL your medications** including self-administered. (Attach a separate list if necessary printed from your pharmacist or caregiver, group home etc.). This is a legal requirement, due to Health and Safety regulations.

Medication Name: (Print clearly).	Dosage (Grams or mls)	How often is it taken?	What time is it taken?

**Disability Section:** Please provide detailed information. This helps us with assigning buddies and accommodation.

If you have a care plan, please include this with your form.

<b>Disability</b> Physical <input type="checkbox"/> , Intellectual <input type="checkbox"/> , Autism <input type="checkbox"/> , Specify if necessary
<b>Communication</b> Good <input type="checkbox"/> , Fair <input type="checkbox"/> , Poor <input type="checkbox"/> , NZSL Sign <input type="checkbox"/> , Electronic <input type="checkbox"/> , Other (please specify)
<b>Mobility</b> Independent <input type="checkbox"/> , crutches <input type="checkbox"/> , walking frame <input type="checkbox"/> , manual wheelchair <input type="checkbox"/> , Powered wheelchair <input type="checkbox"/> .
<b>Transfers</b> Independent <input type="checkbox"/> , 1 person assistance <input type="checkbox"/> , 2-person assistance <input type="checkbox"/> , Hoist <input type="checkbox"/>
<b>Toileting</b> Independent <input type="checkbox"/> , prompting/minimal assist <input type="checkbox"/> , full assistance <input type="checkbox"/> , commode <input type="checkbox"/> (bring own). Nappies/night pads <input type="checkbox"/> , Supra Pubic Catheter <input type="checkbox"/> , Indwelling catheter <input type="checkbox"/> , self-catheterising <input type="checkbox"/> .
<b>Shower</b> Independent <input type="checkbox"/> , minimal assist <input type="checkbox"/> , 1 person assistance <input type="checkbox"/> , 2-person assistance <input type="checkbox"/> .
<b>Dressing</b> Independent <input type="checkbox"/> , minimal assist <input type="checkbox"/> , 1 person assistance <input type="checkbox"/> , 2-person assistance <input type="checkbox"/>
<b>Eating</b> Independent <input type="checkbox"/> , Minimal assist <input type="checkbox"/> , Full assistance <input type="checkbox"/> , Choking risk <input type="checkbox"/> , Specific detail if needed:

**Helpers:**

- Please let us know if you cannot help with lifting or have needs of your own that we need to be aware of. 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.

**All:** If you play an instrument and would be prepared to play it at camp, please feel free to bring it.  
We will have 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 and fun.

**Everyone: Terms and Conditions- Please Read and Sign:**

- I consent to the information supplied in this form being used by the camp committee for the purpose of organising camp.
- I consent to any publication of any Elevate CDT or CFFD video and or photograph in which I may appear as a result of attending this camp.
- 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.
- I agree that Elevate CDT/ CFFD Auckland will not accept responsibility for any loss or damage to 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 understand that the Camp Directors have the right to decline any registration.
- I also agree to abide by any rules as directed by the Camp Directors.
- All first-time helpers are required to complete the attached Police Check form and return it with this registration form.

Note this form must be signed. If it is not signed your registration will be declined.

Signed: \_\_\_\_\_

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

If you are not filling this out online, please return the form in person to  
ELEVATE Christian Disability Trust 173 Mt Smart Rd, Onehunga, Auckland.

Or post to:

Jean Griffiths  
1/68A Mount Smart Road,  
Onehunga  
Auckland 1061

Please remember to allow additional time for the post. (3 – 5 days).