

Enquiries:

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Leaders:

Scott Buckley Marissa Flynn
Dave Nutting Kirsty Holmes
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Camp Kedron:

Is where Confirmation Camp 2010 will be held. The campsite is set in the Ku-Ring-Gai Chase National Park. It is situated at the end of Emmaus Rd, Ingleside.

Directions:

Camp Kedron is not hard to find.

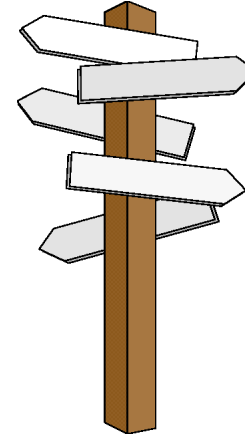
A few pointers to keep in mind:

- If traveling towards Mona Vale, turn left at Tumburra St (at the bottom of the hill before the overtaking lane begins)
- If you pass the Baha'i Temple you have gone too far!

When you arrive at Camp Kedron, please park in the car park and unload your passengers and their luggage there.

Please do not drive down the steep driveway.

Confirmation Camp 2010



Back To The Future

Friday 6th - Sunday 8th August

Confirmation Camp 2010

- Location:** Camp Kedron
Emmaus Rd, Ingleside
- Travel:** Make your own way by car.
Car-pooling may be a good option!
- Arrive:** At camp site 7:30pm on Friday evening
- Departure:** Get picked up from the campsite at 12:30pm on Sunday
- Cost of Camp:** \$130.00 (given in with rego form) by **Sunday 1st of August**
- Confirmation Service:** Sunday 8th August at 7:00pm

Confirmation Camp 2010

Why?

Confirmation camp is custom-made for those being confirmed this year, and for their friends who are keen to learn more. Confirmation camp has been a highlight of previous years, and this year will be no exception!

The View:

Confirmation camp has been designed to allow the entire weekend to be a high point in the lives of those being confirmed, and to challenge everyone who attends to better understand the Christian life from a big-picture perspective.

Far from being a hoop to jump through, our goal is to consider what we really are 'confirming', and to understand the cost of the commitment.

What to Bring:

- Sleeping bag or sheets and blankets
- Pillow
- Towel
- Toiletries
- Bible, pen, notepad
- Warm clothes
- Wet weather gear
- Shoes appropriate for sports and bushwalking
- Sunscreen and hat
- Munchies
- Torch
- A soft and teachable heart.

PLEASE MAKE SURE THAT BOTH SIDES OF THIS REGISTRATION FORM ARE FILLED OUT

Registration Form - Confirmation 2010

(Please return with payment by Sunday August 1st 2010)

Camper's Personal Details

NAME: _____ MALE FEMALE

ADDRESS: _____

SUBURB: _____ POSTCODE: _____

PHONE (H): _____ (M): _____

EMAIL: _____

Health Information

EMERGENCY CONTACT PERSON: _____

TEL (H): _____ (W): _____

(M): _____ RELATION TO CAMPER: _____

MEDICARE NO: _____

POSITION NO ON CARD: _____ EXPIRY: _____

HEALTH FUND: _____ MEMBERSHIP NUMBER: _____

Payment

The cash amount of \$_____ is enclosed

I enclose a cheque for \$_____ payable to "St Matthews Anglican Church"

Note - cancellations made within 72hrs prior to the commencement of camp will not be refunded.
(To cover the catering costs that the campsite places on its users)

Parent / Guardian

Please read, sign and date the following indemnity:

My signature below indicates my willingness to permit my child to participate fully in all activities associated with the camp, including (but not necessarily limited to) those indicated in the brochure. While every precaution shall be taken to ensure the good welfare and protection of the applicant camper, St Matthew's Anglican church, its staff members, employees, or any other person acting on their behalf, are thereby released from any and all liability in the event of accident or misfortune which may occur to the applicant camper(s) or damage to or loss of their property. In the case of a medical emergency, I hereby give permission to the doctor chosen by the Camp Director to secure proper treatment for and/or hospitalisation, injection, anaesthetic, or surgery for my child as named. I understand that every effort will be made to contact me prior to instituting such procedures.

PARENT or GUARDIAN'S

SIGNATURE CERTIFYING ACCEPTANCE OF ALL CONDITIONS THEREON:

SIGN: _____ DATE: _____

PLEASE MAKE SURE THAT BOTH SIDES OF THIS REGISTRATION FORM ARE FILLED OUT

Medical Information

The following information is supplied in confidence to assist the Camp Director. If the answer to any of the questions is **YES**, please supply **FULL DETAILS** (attach extra sheet if necessary).

- | | | Please tick | Full details |
|-----|---|--|-----------------|
| 1) | Heart problem | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| 2) | Asthma | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| 3) | Travel Sickness | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| 4) | Phobia | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| 5) | Operations | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| 6) | ADD - Attention Deficit Disorder | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| 7) | ADHD - Attention Deficit Hyperactivity Disorder | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| 8) | Recent Illness | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| 9) | Migraines | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| 10) | Blackouts | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| 11) | Sleep Walking | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| 12) | Fits, Epilepsy etc | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| 13) | Bed Wetting | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| 14) | Special Diet | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| 15) | Any restrictions on activities | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| 16) | Disability (physical / intellectual / emotional) | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| 17) | Known behavioural problems | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| 18) | Is medication required? (attach details) | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| 19) | Drug reactions (eg. penicillin allergy) | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| 20) | Allergies (eg, food, bee stings) | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| 21) | Is anyone legally restricted from seeing the camper? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 22) | Do you permit the Camp Director to give your child Panadol if required? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 23) | Date of last tetanus booster: | | _ _ / _ _ / _ _ |

Do you grant permission for images of your child taken on camp to appear in maerial produced by St Matts Youth, including but not limited to photos and video in the form of printed media, promotional videos, and images which may appear on the St Matts Youth website and externally hosted websites?

Yes No