



REVIVAL CENTRES INTERNATIONAL YOUNG REVIVALISTS' CAMPS 2009

APPLICATION FORM - CHILD

Please fill out all details carefully; mark appropriate boxes with an X
If you need financial help, see your local Pastor.

APPLICATION FOR: Senior Camp Fri 18 Sep - Wed. 23 Sep COST
\$325.00
Junior Camp Wed 23 Sep - Sun. 27 Sep \$250.00

My payment enclosed:
\$

CHILD:

Surname Given Name Preferred Name

Address

City: Postcode

Date of Birth/...../..... School Year: Boy Girl Spirit Filled? Yes No

PARENT/GUARDIAN:

Name Relationship:

Home Phone (.....)..... Work Phone (.....)..... Assembly

GENERAL:

Is this child allowed in supervised swimming and water sports? Yes No

If 'Yes', what is the child's achievement level?
.....

Which musical instrument will your child bring?
.....

Do you require Bus transport to camp? Yes No

Does your child suffer travel sickness? Yes No

For Boys: Would he lead choruses?..... Yes No

Would he give a short talk? Yes No

HEALTH AND MEDICAL:

Medicare No. Pension No. (if applicable)

Private Medical Fund Fund No.

Ambulance Fund Fund No.

Date of last tetanus immunisation or booster/...../..... Panadol? Yes No

Please indicate if this child is subject to any of the following -

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Epilepsy |
| <input type="checkbox"/> Dizzy Spells | <input type="checkbox"/> Bed-wetting | <input type="checkbox"/> Eczema | <input type="checkbox"/> Migraine/Blackouts |
| <input type="checkbox"/> Sleep-Walking | <input type="checkbox"/> Other ? | | |

ALLERGIES:

- | | | | |
|-------------------------------|-------------------------------------|----------------------------------|--------------------------------|
| <input type="checkbox"/> Food | <input type="checkbox"/> Penicillin | <input type="checkbox"/> Animals | <input type="checkbox"/> Drugs |
|-------------------------------|-------------------------------------|----------------------------------|--------------------------------|

Any other conditions or special care needed?

Special dietary needs (e.g. vegetarian)?

Who are your child's three best friends in RCI?

<p>Send applications to: YR Camp RCI Melbourne, Attn: Karen Fuhrmann PO Box 8192, Burwood Heights 3151 Full payment, or a deposit of \$50, is required with each application Cheques payable to : “Young Revivalists, RCI - Melbourne” Early applications will be given priority</p>	<p>OFFICE USE: Date Received: / / 2009 Payment received \$</p>
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APPLICATION FORM - CHILD

(Continued)

Please read carefully!

PARENT/GUARDIAN'S CONSENT

I agree to this child's attendance at the above camp, the trip to and from it, and any excursions that could take place in connection with it.

In the event of any accident or illness, I authorise the obtaining on my behalf of such medical assistance as my child may require. I also undertake to pay medical fees and/or cost of drugs that may be incurred while my child is at this camp.

The Revival Centres International and its agents shall not be liable or responsible for any injury, loss or damage caused by or to any participant's property, whether or not such injury, loss or damage results in part or whole from any negligence, carelessness or incompetence on the part of the Revival Centres or its agents.

(Parents/Legal Guardians are advised that they should take out adequate insurance to cover the participant in respect of any injury, loss or damage that they or their property may suffer during the activity above.)

I have read, understood and agree to all the foregoing: -

Signed NAME

Parent or Guardian

Date / /

CHILD'S AGREEMENT

I agree that while I am attending the Young Revivalists' Camp I will abide by all the rules, and will behave in a manner that will maintain the good name of the Revival Centres International. I will also be careful of other people and their property. I will accept any discipline that the leaders decide is necessary if I break the rules.

Signed

Date / /

Protecting your privacy and your personal information is an important aspect of the way the Revival Centres International functions.

We will only collect personal information from you with your prior knowledge and consent. We will only use personal information provided by you for the purposes for which it was collected. We will not disclose your personal information to a third party. We ensure that your personal information will not be disclosed to other authorities except if required by law or other regulations. We will remove personal information from our system where it is no longer required.

PASTOR'S APPROVAL

The child mentioned in this application is a well-behaved regular member of our Assembly.

N.B.If any personal problems exist which may result in anti-social behaviour in the camp situation please advise Hans Vanderstadt direct at Phone 03 9808 5917.

SignedNAME.....

Pastor / Area Leader

Date / /



REVIVAL CENTRES INTERNATIONAL YOUNG REVIVALISTS' CAMPS 2009

APPLICATION FORM - LEADERS & ASSISTANTS

Please fill out all details carefully. Mark appropriate boxes with an X

APPLICATION FOR: Senior Camp Fri 18 Sep - Wed. 23 Sep \$ 300.00
 Junior Camp Wed 23 Sep - Sun. 27 Sep \$ 240.00
 Both Camps \$ 480.00

Costs:
\$ 300.00
\$ 240.00
\$ 480.00

My payment enclosed: \$

Surname Christian Name Preferred Name
 Address City Postcode
 Home Phone (.....)..... Work Phone (.....)..... Assembly

Age Group (mark one) 16-20 21-25 26-30 31-35 >35 Male Female
 - Leaders must be at least 5 years older than the oldest child in camp.

Assembly responsibility? (e.g. Sunday School teacher)

Have you been a leader/helper at previous Y.R. camps? YES NO

Will you require transport to camp by the Bus? YES NO

Male Applicants - Would you give a talk at camp? YES NO

I will have children attending this camp.

Medicare No. Pension No. (if applicable)

Private Medical Fund (if applicable) Fund No.

Ambulance Fund Ambulance Fund No.

Special dietary needs (e.g. vegetarian)?

Do you have health problems that we may need to be aware of (e.g. diabetes, sleep near toilets, allergies)?

I would like to help in the following areas: Leader or Assistant Activity leader
 Catering General Assistant

N.B. ALL LEADERS WILL BE REQUIRED TO WORK IN SOME CAPACITY!

We would like to take advantage of any skills, training or special interests you may have in planning activities for the children. Please indicate your particular skills, training and/or qualifications below: - (e.g. Aerobic instructor, bushcraft, bushwalking, gardening, fishing, indoor/outdoor games, musical skills (name instrument), craft, art, drama, cooking, audio, life-saving certificate, current First Aid certificate, administration, biology, hobbies etc.)

Note any other information about yourself that may be helpful.

Which instrument, if any, will you be bringing to camp?

OFFICE USE: Date Received: / / 2009 Payment received \$

APPLICATION FORM - LEADERS & ASSISTANTS

(Continued)

Please read carefully.

LEADERS & ASSISTANTS AGREEMENT

I am aware of the importance of setting a good example to the children in my care. I agree to follow all camp rules and support other leaders and the oversight. I am prepared to devote myself wholly to the children and to help encourage their involvement in the camp.

I will also attend Leader/Administration meetings and discussion times arranged by the camp organisers.

In the event of any accident or illness, I authorise the obtaining on my behalf of such medical assistance as I may require. I also undertake to pay medical fees and/or cost of drugs that may be incurred while I am on a Revival Centre International activity.

The Revival Centres International and its agents shall not be liable or responsible for any injury, loss or damage caused by or to any participant's property, whether or not such injury, loss or damage results in part or whole from any negligence, carelessness or incompetence on the part of Revival Centres or its agents.

I declare that I am not a person prohibited by any Act or law from seeking, undertaking, or remaining in child-related employment.

I have read, understood and agree to all the foregoing: -

Signed Date / /

Protecting your privacy and your personal information is an important aspect of the way the Revival Centres International functions.

We will only collect personal information from you with your prior knowledge and consent. We will only use personal information provided by you for the purposes for which it was collected. We will not disclose your personal information to a third party. We ensure that your personal information will not be disclosed to other authorities except if required by law or other regulations. We will remove personal information from our system where it is no longer required (except where archiving is required).

Working with Children Check, please forward a copy of this documentation to the administrator with your application

PASTOR'S APPROVAL

The applicant is a regular member of our assembly and in my opinion will be an asset to the Young Revivalists' Camp.

Signed NAME

Pastor / Area Leader

Date / /

Send applications to: YR Camp RCI Melbourne,
PO Box 8192, Burwood Heights 3151
Full payment, or a deposit of \$50, is required with each application
Cheques payable to: **Young Revivalists**

Melbourne Revival Centre

Please submit your Application as soon as possible to assist in camp planning