



# Three Missions Easter Weekend 2010 (ages 12-30+)

Fri 2<sup>nd</sup> to Mon 4<sup>th</sup> April



**Hebron Hall Christian Centre, Dinas Powys, Cardiff, CF64 4YB**

## *Application Form*

The application form for the Three Missions Easter Weekend is broken down into 6 sections as shown below. Please fully complete one application form for each person attending the weekend, making sure that you complete all sections. Please use BLOCK CAPITALS when you fill out the form and where you see this symbol, \* please circle as appropriate.

1. Personal Details
2. Health & Medical Details
3. Emergency Contact Details
4. Consent for Activities
5. Code of Conduct
6. Parental / Guardian Authorisation & Commitment
7. Returning the Application Form

### **1. Personal Details (of person attending event)**

Please make sure that all the details you fill out in this section relate to the person who will be attending the event. If they do not have an email address, for example, please do not fill it in even if someone else in the family has one. There is a further section for parental & emergency contact details.

First Name..... Surname.....

Gender: Male / Female \*    Date of Birth...../...../.....  
(Day / Month / Year)

Contact Address.....

..... Postcode (if applicable).....

Home Telephone..... Mobile.....

Email.....

## 2. Health & Medical Details (of person attending event)

Please make sure that all the details you fill out in this section relate to the person who is attending the event. Please complete this section in full.

a) Are you in good health without any longstanding illnesses? YES / NO \*

If NO, please give details on separate sheet of paper

b) Have you had/do you have any of the following health conditions? YES / NO \*

If YES, please tick those that apply, and give further details on separate sheet of paper

Diabetes  Heart problems  Travel Sickness  Kidney disease  Fainting spells

Menstrual problems  Bed-wetting  Mental health problems  Epilepsy

Hayfever

c) Have you ever been hospitalised with any of the above health conditions or any other condition not stated above? YES / NO \*

If YES, please give details on separate sheet of paper

d) Have you had / do you currently have Asthma? YES / NO \*

If yes,

i. Do you carry an inhaler or any other medication for your asthma? YES / NO \*

ii. Have you ever been hospitalised due to your asthma? YES / NO \*

iii. How many times have you needed to use your blue inhaler in the past 2 weeks?...

e) Have you received vaccination against tetanus in the last 5 years? YES / NO \*

f) Are you allergic to any of the following? YES / NO \*

If YES, please tick those that apply, and give details on separate sheet of paper

Penicillin  Anaesthetic  Plasters  Nuts

g) Do you have any other allergies (e.g. to foods, medicines etc)? YES / NO \*

If YES, please give details on separate sheet of paper

h) All meals provided will be vegetarian.

Do you have any special dietary requirements? YES / NO \*

If YES, please give details on separate sheet of paper. Please note that we can only provide alternative meals, foods etc based on medical requirement, not preference.

i) Are there any other medical conditions that we need to be aware of? YES / NO \*

If YES, please give details on separate sheet of paper

j) Are you currently taking any prescription medication? YES / NO \*

If YES, please give list on separate sheet of paper giving dosage details, any specific storage requirements, whether the medication should be administered by a leader and whether or not the camp nurse should hold the medication. Please remember to bring any prescription medication you are taking!

k) Do you have any behavioural challenges that we need to be aware of? YES / NO \*  
If YES, please give details on separate sheet of paper

l) Do you have any disabilities that we need to be aware of? YES / NO \*  
If YES, please give details on separate sheet of paper

### 3. Parental & Emergency Contact Details

Please make sure that all the details you give in this section relate to the parent(s) / legal guardian(s) of the person detailed in Section 1. Please complete this section in full.

*In the unlikely event of an emergency, please notify:*

Full Name.....

Relationship of person listed above to the person detailed in Section 1:  
\* Mother / Father / Legal Guardian

Home Tel No..... Work Tel No.....

Mobile.....

*General Practitioner's Details:*

Doctor's Name..... Tel.....

Surgery Address.....

### 4. Consent for Weekend Activities (for those under 16)

This section should be filled out by the parent(s) / legal guardian(s) of the person detailed in section 1. Please complete this section in full. Please read the following statements carefully. If you do not indicate your agreement to all of them, the attendee may need to be excluded from some events.

*PHOTOGRAPHY* current regulations relating to child protection issues and taking photographs of young people require that we obtain your consent for any picture taken that includes your son/daughter/child and which is used in video; on the web or in printed publication. Please tick here to indicate your consent: 0

*TRANSPORT* the event organisers are able to provide transport to and from all off-site activities and we are required to obtain your permission beforehand. This transport will be either in a minibus/car/coach or other roadworthy vehicle, and all drivers will hold a current driving license relevant to the category of vehicle they are driving. Please tick here to indicate your consent: 0

*SWIMMING* there is a swimming pool at Hebron Hall, and swimming will be one of the activities available. Please answer the following questions about your child:

- a) Is your child able to swim 50m? YES / NO \*
- b) Is your child water confident in a pool? YES / NO \*
- c) Is your child safety conscious in water? YES / NO \*

Please tick here to indicate your consent for your child to take part in water activities: 0

GENERAL ACTIVITIES if you as parent/guardian would not like your child to take part in certain activities, please give details on a separate sheet of paper.

## 5. Code of Conduct

This is a Christian camp run by the Seventh-day Adventist Church. Principles of Christian behaviour form the foundation of how we relate to each other and to God. The following is expected of each camper and member of staff:

- a) RESPECT: be respectful of yourself, others and God
- b) APPEARANCE: dress appropriately for the task & occasion
- c) SAFETY: listen to and do what the leaders ask

Smoking, alcohol, drugs, knives and any other item which could be used to harm oneself or others are banned from the Camp. Possession or use of any of these items noted above by the attendee could result in the person(s) involved being asked to leave the Camp immediately.

Please indicate your agreement with the above by ticking this box: 0

Boys are not allowed in girls rooms, nor are girls allowed in boys rooms. Anyone found in a tent belonging to someone of the opposite gender could be sent home. Please indicate your consent to this by ticking here: 0

As this is a Christian event, we have worship each morning and evening. This worship is mandatory for all attendees. Please indicate that you accept this by ticking this box: 0

Mobile phones: mobiles may be brought to camp but should not be used in worships not to play inappropriate music or watch videos. Inappropriate use of mobiles will lead to the mobile being confiscated. Please tick to indicate your consent: 0

## 6. Parental/Guardian Authorisation & Commitment

This section should be completed by the parent / legal guardian of the person described in Section 1 and all statement below refer to the person described in Section 1. Please read each statement below carefully, and sign and date where appropriate.

“This Application Form is correct as far as I know, and the person described in Section 1 has permission to engage in all prescribed activities, except as noted by me. I consider them fit to participate in this youth event, and acknowledge the need for obedience and responsible behaviour on their part. If any of the above circumstances/details change before the commencement of the Summer Camp, I will make it my responsibility to immediately inform the Camp Director of the change in writing.”

Signature..... Date.....

(Must be signed by parent / legal guardian otherwise the applicant will not be able to attend the Camp.)

“I agree to the person described in Section 1 receiving medication as instructed and any urgent dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.”

Signature..... Date.....

(Must be signed by parent/legal guardian otherwise medical treatment of any kind cannot be given.)

“I agree to pay the camp fees in full by the means indicated in full (payment options at end of form). In the event that the person described in Section 1 cannot attend the Camp after this application form has been processed, I understand that I cannot be guaranteed a full refund.”

Signature..... Date.....

Name of person who has signed above statements: .....

## 7. Returning the Application Form

To register for the weekend we need to receive this fully completed application form no later than **Friday March 19<sup>th</sup> 2010.**

We may need to contact you with further information about the weekend. How would you like to receive this further information?

Email / Post \*

If the email or address you'd like to receive further information is different from above, please tell us that email/address here:

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Please send your fully completed application form along with the payment due (according to your choice of payment option – see website) to the following addresses:

Welsh Mission: Jeremy Tremeer, 14 Cenydd Terrace, Senghenydd, Caerphilly, CF83 4HL.  
Email: [jtremeer@adventistwales.org](mailto:jtremeer@adventistwales.org); Home/Office: 02920 832559; mobile: 07956 627233

If you have any questions or comments that you would like addressed, please give details on a separate sheet of paper or contact us in one of the following ways:

## **PAYMENT**

**Cost: £75**

Please send a cheque/cash through the post along with the application form.

Cheques payable to "Welsh Mission Youth"

Please send payment to:

Jeremy Tremeer, 14 Cenydd Terrace, Senghenydd, Caerphilly, CF83 4HL.