



Easter 2009

Fri 10th to Mon 13th April
Information Sheet



Where is it this year?

Greenhill YMCA, which is located on the lower northern slopes of Slieve Donard, Northern Ireland's highest "mountain" – well, it's more like a hill! The address of the venue is Greenhill YMCA, Donard Park, Newcastle, Co Down, BT33 0GR, Northern Ireland. Newcastle is a seaside town and the YMCA is about 600m from the town centre, but still on the edge of a forest.

Where Does Everyone Sleep?

Everyone attending the retreat will sleep in chalets and each room has between 2-6 bunk beds.

Speakers:

Baraka Muganda, General Conference World Youth Director
Stephen Eastwood, Pastor in USA

Code of Conduct

This is a Christian retreat 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 participant:

- 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 Retreat. 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 Retreat immediately.

Cost

£120

Closing Date for Applications:

Friday 13th March 2009

Where You Need to Send Your Application Form to:

(You only need to return pages 2-4 and page 5 or 6 depending on your age)

Please send you application form with either full payment or a deposit of £60 by the date above to Jeremy at: 14 Cenydd Terrace, Senghenydd, Caerphilly, CF83 4HL. Cheques should be made payable to "Welsh Mission Youth".



Easter Weekend

Fri 10th to Mon 13th April

Application Form



The application form for the Easter Weekend is broken down into 6 sections as shown below. Please fully complete one application form for each person attending the Camp, 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. Correspondence Details
5. Parental / Guardian Authorisation & Commitment (under 18's)
6. Authorisation & Commitment (18 years +)

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.

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

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

Home Postal Address.....
..... Postcode (if applicable).....

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

Email..... Nationality on Passport.....

Do you require a visa for Northern Ireland? YES / NO *

What T-shirt size do you require?
S (35-37") / M (38-40") / L (41-43") / XL (44-46") / XXL (47-49") *

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 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 list on separate sheet of paper giving dosage details, any specific storage requirements etc. 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. Emergency Contact Details

If the person described in Section 1 is under 18 years of age ... the following contact details MUST relate to the parent(s) / legal guardian(s) of the person detailed in Section 1.

If the person described in Section 1 is 18 years of age or above ... please give details of the person you would want us to contact in the event of an emergency.

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 / Other.....

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

Mobile.....

General Practitioner's Details:

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

Surgery Address.....

4. Correspondence Details

How would you like to receive further information about the Retreat?

Email / Post *

If by email, what is the email address that the information should be sent to?

.....

Please list the postal address to which further information should be sent if you have selected that option above, and if it is different from the details given in Section 1 of this form.

5. Parental/Guardian Authorisation & Commitment (for attendees aged under 18)

This section should be completed by the parent / legal guardian of the person described in Section 1 and all statements below refer to the person described in Section 1. Please read each statement below carefully, and tick, sign and/or date where appropriate. If you do not indicate your agreement your child may need to be excluded from some events/activities.

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:

TRANSPORT the event organisers are able to provide transport where necessary 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:

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.

“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 Retreat, I will make it my responsibility to immediately inform my Mission Youth Sponsor of the change in writing.”

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

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

“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 Retreat fees in full. In the event that the person described in Section 1 cannot attend the Retreat 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:

6. Authorisation & Commitment (for attendees aged 18 or above)

This section should be filled out by you. Please complete this section in full. Please read each statement below carefully, and tick, sign and/or date where appropriate. If you do not indicate your agreement you may need to be excluded from some events.

“This Application Form is correct as far as I know. I consider myself fit to participate in this youth event, and acknowledge the need for obedience and responsible behaviour on my part. If any of the above circumstances/details change before the commencement of the Retreat, I will make it my responsibility to immediately inform my Mission Youth Sponsor in writing.”

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

“In the unlikely event of an emergency, I agree to me receiving any urgent dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.”

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

(If not signed medical treatment of any kind cannot be given.)

“I agree to pay the Retreat fees in full. In the event that I cannot attend the Retreat after this application form has been processed, I understand that I cannot be guaranteed a full refund.”

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