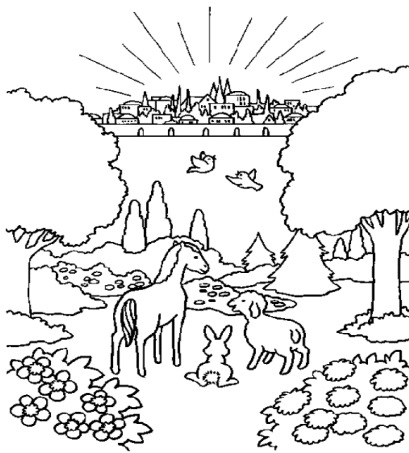




Joy Ministries NZ National Camp

Totara Springs, Matamata

18th - 20th May 2012
6pm Friday - 2pm Sunday



“Heaven
– no place on
earth like it!”

Cost of weekend

Adults (Camper/Helper)	Children to 14 years	0 - 4 years
\$100	\$50	Free

PLUS Aucklanders who require transport on bus: \$10 bus fee

All fees are NON-REFUNDABLE

Closing date for all registrations: 20th April 2012

Payment options:

1. **Cheque:** All cheques made payable to “Joy Ministries NZ”
2. **Bank Deposit:** ANZ, Joy Ministries (NZ) 01-0170-0182484-02 (please include the **FIRST INITIAL** and **LAST NAME** of the camper as a reference (eg. Z Stephenson).

Send your Registration form and payment (if not paid by Direct Credit) to:

1. Your Local Area Co-ordinator or
2. Camp Registrar: E Stephenson, 3 Appleby Rise, Whakatane 3120

CAMP INFORMATION

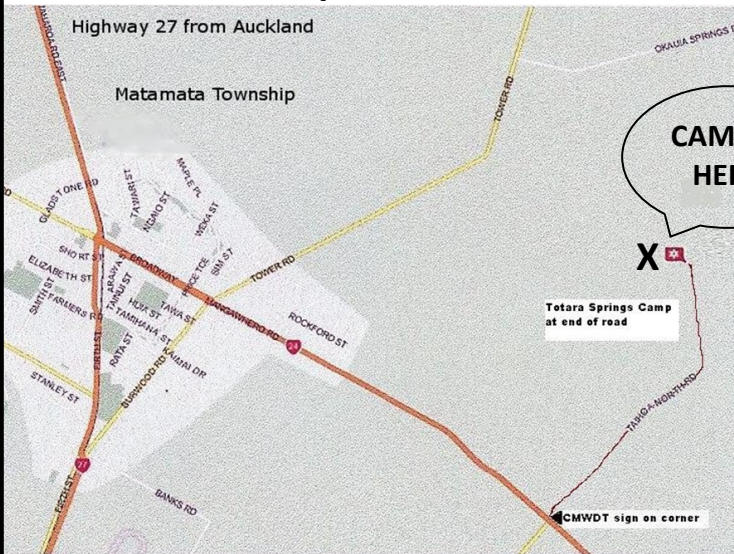
Joy Ministries Camp - Friday 18th - 6pm (**Friday night dinner is NOT provided**) to Sunday 20th - 2pm.

✓	What to bring:			
	Sleeping bag & blankets (it can be very cold)		Four changes of warm clothing	Toiletries (incl. Sanitary needs for ladies)
	Pillow		x2 towels	Bible
	Water proof bedding (if required)		Torch	Fancy dress clothes for Dance Theme: Heaven - no place on earth like it!
	Swimming Togs		Medication for 3 full days	Rain coat / Rain jacket

NB: ALL CLOTHING and LUGGAGE MUST BE NAMED

* Do not bring iPod, MP3 player, money, radio, TV or video games to camp

Directions to camp:



How to get there from Matamata:

1. Take Highway 24 along Mangawhero Road which then becomes Tauranga Road.
2. **PLEASE NOTE: DO NOT** take road to Crystal Springs.
3. The Totara Springs camp turn off is approximately **4 km** from Matamata, turn left into Taihoa Road.
4. The camp is sign posted Totara Springs Christian Camp (also CMWDT Camp).

EMERGENCY CONTACTS:

Camp (07) 888 4700 or Esther (Camp Co-Ordinator) 027 209 9699

Please read and note the following:

1. I understand that Joy Ministries will not accept any responsibility for loss or damage of personal property.
2. With limits regarding size of the group not all registrations will necessarily be accepted. Unsuccessful registrations will be advised within a fortnight of registration.
3. I authorise the obtaining of any medical assistance on my behalf if in the opinion of the leaders such treatment is necessary. I understand costs will be passed on.
4. I agree that the leaders and helpers of Joy Ministries or any others involved can not carry legal liability for any accident, injury or occurrence to myself (or charge) during camp. Naturally leaders will take every possible care.



Joy Ministries National Camp May 2012

Registration Form

SECTION 1:

First Name:	Last name:

Please complete:

Please circle below as applicable:

DOB:	Age:		Male / Female	Camper / Helper
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Contact Details:

Home Phone No: (0)	Mobile No: (02)
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Email (to confirm registration):

Address:	Town / City:	Postcode:

Branch of JM you belong to: Auckland / Blenheim / Hastings / Masterton / Taupo / Whakatane / None / Other: _____

Have you been to a Joy Ministries or CMWDT camp before? Yes / No

Additional Essential Information:

Name of parent / caregiver:

Parent / Caregiver Email address:

Home Phone No: (0)	Mobile No: (02)
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Name of Doctor:	Phone No: (0)
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Medical Practice name & address:

SECTION 2:

Describe your primary and secondary disability:

Do you have any mental health conditions? Yes / No (if yes, complete details below):

Please write any information that we as camp co-ordinators or the buddy may require to know with regards to the camper eg: behaviour, routines etc:

Do you have food allergies or diet requirements? Yes / No (if yes, complete details below):

Diet Requirements: eg: No added sugar	Food Allergies: eg: Eggs - causes vomiting

Medication:

Do you take medication? Yes / No (if yes, it is **ESSENTIAL** you list (PRINT) below **EVEN** if self administered):

Breakfast:	Lunch:	Tea Time:	Bed Time:
<i>Eg: Epilim 200mg x1 tablet</i>	<i>Eg: multi vitamin x2 tablet</i>	<i>Eg: Epilim 50mg x3 tablet</i>	<i>Risperidone 0.5mg x1 tablet</i>

Is your medication **BLISTER PACKED**? Yes / No (please circle)

Do you have any medication allergies? Yes / No (if yes, it is **essential** you list these):

SECTION 3:

Can you sleep on a top bunk? Yes / No	Do you snore? Yes / No
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Weight: under 55kg 55kg - 75kg over 75kg

Do you have a disability? Yes No **If YES, complete this section. If NO, go to section 4.**

Communication: (if poor, please indicate means of communication):

- Good Fair Poor (means of comm.) _____
- Mobility:** Independent / Crutches / Walking Frame Manual Wheel Chair Electric Wheel Chair
- Transfers:** Independent One Person Assistance Hoist Transfer / Two Person Assistance
- Toilet:** Independent Prompting / minimal assistance Full Assistance
- Shower:** Independent Minimal assistance Full Assistance
- Dressing:** Independent Minimal assistance Full Assistance
- Eating:** Independent Minimal assistance / Supervision Full Assistance

SECTION 4:

- Campers and Helpers — Do you need transport?** Yes No
- Car owners are you willing to provide transport to camp? If yes, type of vehicle: Car Van
- Number of seats _____ **excluding** driver.
- Can you take a wheel chair? Yes No

SECTION 5:

Camp Fees: (Please do not send cash in the mail!) All **cheques** payable to **Joy Ministries NZ**

Amount enclosed: \$ _____ (full fees to be enclosed with registration form including Auckland Bus Fee (if required) of **\$10**)

OR I have paid my fees via Direct Credit and have paid the full amount of \$ _____

In the terms of the privacy act 1993:

1. I consent to the information supplied in this form being used by the Camp Leadership Team for the purpose of organizing the affairs of the camp
2. I agree that Joy Ministries will not accept any responsibility for any loss or damage of personal property
3. I agree that the leaders and helpers of Joy Ministries or any others involved can not carry legal liability for any accident, injury or occurrence to myself (son/daughter/participant) during camp.
4. I agree to abide by any rules as directed by the Camp Leadership Team
5. I agree that my name be placed on the Joy Ministries and CMWDT phone and mailing list
6. I consent to the publication of any video and or photograph in which I may appear as a result of attending this camp
7. **Note this form must be signed. If it is not signed, your registration will be declined**
8. I authorize the obtaining of any medical assistance on my behalf if in the opinion of the leaders such treatment is necessary. I understand costs will be passed on to me.

Signed: _____ **Dated:** _____

Please note:

1. All children under the age of 12 years must be accompanied by a guardian. Exceptions only at the discretion of Camp Committee.
2. If you are a first time National Camp Helper you will be sent a Police Check form for completion and return