

## Junior Youth Camp 2017 Information for Campers.

Come along and join us for an exciting week of fun and activities!  
Mr. Andrew Leng will be our guest speaker for the week.

Theme is:

**“All aboard: Building a Shipshape Life”**

**Scripture Text: Mat 14.33 Then they that were in the ship came and worshipped him, saying, Of a truth thou art the Son of God.**

**Where: Alexander Adventure Resort**

(Former Crystal Creek Christian Camp Site)  
43 Murrays Road, Alexandra VIC 3714

**Cost: \$150 per camper - Includes accommodation, food and activities**

All monies to be fully paid on first day of camp

**Starts: 2.00pm Monday 9th of January 2017**

**Finishes: 1.00pm Friday 13th of January 2017**

**Ages: 8-12 yrs**

**Info:**

**Pastor David Talbot - 0427699129**

**Mr John Stead - 0403937988**

**Special Activities planned for Thursday**

**Kiwi swing, flying fox, high ropes course and rock climbing wall.**

*Activities are dependant on availability of qualified staff. Locked in for Thursday.*

**What to bring:** Clothes (all weather types); bedding; pillow; sunscreen; soap; towel; Bible; notebook; pen; toothbrush; toiletries; torch; kiosk money.

**Do not bring:**

- Electronic devices (eg MP3 players, iPods, laptops, etc) mobile phones; firearms; knives; tobacco; alcohol; drugs.*
- All campers are expected to dress modestly at all times.*
- Coloured T-Shirts and shorts are to be worn over swimming gear.*
- Nice clothes for services would be great as well.*

## Please keep this side for your details Junior Campers 2017 Registration Form

Name .....

Date of Birth...../...../..... Age .....

Name of Parent/Guardian.....

Address .....

Ph ..... Mob .....

Email.....

Church.....

Pastor's Signature.....

**Privacy Statement:** Crystal Creek Christian Camp is committed to protecting your privacy. We are required by law to protect personal, health and other confidential information. All information is held only to aid C.C.C.C. To help emergency personnel in times of accident or disaster.

### **Medical Information**

Health problems: Please list all medical condition, allergic reactions and current medications.

.....  
.....  
.....

Special Dietary Requirements

.....  
.....

Doctor's Name..... Doctor PH .....

Medicare Card No.....Pension Card

No.....

Private Health Fund and No .....Health Care Card

No.....

In case of emergency, I understand that every effort will be made to contact parents or guardian of campers. In the event that I cannot be contacted, I hereby give permission to the doctor selected by the camp director to hospitalise and secure proper treatment for, and order any injection, aesthesia, or surgery for my child as named on this form.

Signature of Parent or Guardian

..... Date.....

**Please submit this form to the Pastor of your church by the 18th of December 2016.**