

Junior Youth Camp 2017 Leader Information

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: \$100 per learder - *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: 18 plus

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.

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 leaders 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 Camp Leaders 2017 Registration Form

Name

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

Name of Parent/Guardian.....

Address

PhMob

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 in-formation. 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.

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Special Dietary Requirements

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Doctor's Name..... Doctor PH

Medicare Card No.....Pension Card

No.....

Private Health Fund and NoHealth 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.