

# Xpedition force



**WELLINGTON**  
BROOKFIELD OUTDOOR  
EDUCATION CENTRE

**MON 11 - FRI 15  
JAN • 2021**

**AUCKLAND**  
KARANGA CAMP

**MON 18 - FRI 22  
JAN • 2021**

**COST \$215 OR  
EARLYBIRD  
\$195**

IF PAID BEFORE:

**WLG**  
**28**  
DEC  
2020

**AKL**  
**4**  
JAN  
2021

**LACE UP YOUR BOOTS,  
PACK YOUR SUPPLIES  
AND SHARPEN YOUR  
SENSES TO JOIN US  
FOR AN EPIC  
ADVENTURE LIKE  
NO OTHER.**

MATTHEW OUR TOUR GUIDE, WILL  
LEAD US THROUGH A MOUNTAIN  
OF OBSTACLES AND TALES  
FOLLOWING IN THE FOOTSTEPS  
OF JESUS TO A SUMMIT VIEW THAT  
WILL ASTOUND. FOOD, FRIENDS  
AND FABULOUS.

**FOR PRIMARY  
SCHOOL KIDS YEARS 4 - 6**

## CONTACT US

IF YOU HAVE ANY QUESTIONS OR COMMENTS  
ABOUT THIS CAMP PLEASE FEEL FREE TO  
CONTACT US AND WE WILL GET BACK TO YOU  
AS SOON AS POSSIBLE.

FOR MORE INFO:

**WELLINGTON:**  
**LIZ EICHLER**  
liz.e@sunz.org.nz  
04 385 0485

**AUCKLAND:**  
**ANDREW RAMSBOTTOM**  
andrew.r@sunz.org.nz  
09 379 9363 ext 5

SEND PAPER REGISTRATION FORMS TO:  
SUPAKidZ Camps, PO Box 7, Invercargill 9840

Register online at  
**supakidzcamps.org.nz**

- You will need to pay in full by credit card.
- You need to arrange your own transport to and from camp.

Register by post

- A non-refundable deposit of \$60 will hold your place on camp. We will confirm your place on camp when we receive your completed registration with full payment or deposit.
- Full camp fees are payable 3 weeks before camp. If camp is less than 3 weeks away, please send full camp fees with your registration.
- Please contact us if you will have problems meeting any payment time frames. Assistance may be available for families on low incomes or with several children attending camps. Please contact us to find out more.
- You need to arrange your own transport to and from camp.

REGISTRATION AND MEDICAL FORM

CONFIDENTIAL

Protecting Your Privacy: The medical information we seek allows us to manage risk and provide reasonable care on our camps. We are careful to keep any sensitive information confidential, and provide it only to team members who need it on camp. We will not use this medical information for other purposes.

**CAMPER CONTACT DETAILS** First Name: \_\_\_\_\_ Family Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Gender: ☐ Male ☐ Female  
Street Address: \_\_\_\_\_ City / Town: \_\_\_\_\_ Postcode: \_\_\_\_\_  
Phone (home): \_\_\_\_\_ Mobile: \_\_\_\_\_ Email: \_\_\_\_\_  
School Year in 2020: \_\_\_\_\_ School Name: \_\_\_\_\_  
Name of one friend who you would like to be placed with (if possible): \_\_\_\_\_  
Where did you find out about Scripture Union camps? \_\_\_\_\_

**CAREGIVER/PARENT CONTACT DETAILS** Relationship to Camper: \_\_\_\_\_  
Title: ☐ Mr ☐ Mrs ☐ Miss ☐ Ms (please tick) Other: \_\_\_\_\_  
First Name: \_\_\_\_\_ Surname: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City / Town: \_\_\_\_\_ Postcode: \_\_\_\_\_  
Phone (day): \_\_\_\_\_ Phone (night): \_\_\_\_\_ Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

**EMERGENCY CONTACT DURING CAMP** In case of an emergency during the camp, please list another relative or a family friend who may be contacted.  
Name: \_\_\_\_\_ Relationship to camper: \_\_\_\_\_  
Phone (day): \_\_\_\_\_ Phone (night): \_\_\_\_\_ Mobile: \_\_\_\_\_

**SECOND EMERGENCY CONTACT DURING CAMP** In case of an emergency during the camp, please list a 2nd relative or a family friend who may be contacted.  
Name: \_\_\_\_\_ Relationship to camper: \_\_\_\_\_  
Phone (day): \_\_\_\_\_ Phone (night): \_\_\_\_\_ Mobile: \_\_\_\_\_

**MEDICAL INFORMATION** Please provide full details of any medical conditions or previous injuries that may impact the camper on camp (e.g. asthma, diabetes, epilepsy, ADHD, head injuries, concussions, others) \_\_\_\_\_  
\_\_\_\_\_

Please provide details of any behavioural problems, disabilities, recent or on-going emotional stressors. \_\_\_\_\_  
\_\_\_\_\_

Please provide details of any allergies. State the allergen (e.g. pollen, bee sting, eggs, peanuts, etc) and describe the severity of the reaction (e.g. anaphylaxis, swelling, itching, breathing difficulties, etc). Include food allergies in this list. \_\_\_\_\_  
Any special dietary needs? \_\_\_\_\_

Permission to give the camper pamol/paracetamol if needed? (circle one) YES / NO Date of last tetanus injection: \_\_\_\_\_  
Name of Camper's Medical Centre: \_\_\_\_\_ Phone (Medical Centre): \_\_\_\_\_ Do you anticipate the camper will need to take any medication during camp? YES / NO If yes, on a separate sheet, please clearly list any medications you are supplying. Please list medication, administration time (e.g. daily at 10am / as required), dose, maximum daily dose, reason for administration. Please staple sheet listing medications to this form. If the camper brings medications to camp, please ensure they are kept in a bag clearly labelled with the camper's name, and a copy of the above information attached. All campers will be required to co-ordinate with a camp leader about their medication.

**SPECIAL INFO** Is the camper a confident swimmer? YES / NO  
Is there anyone who cannot have legal access to the camper? Please give details if yes. \_\_\_\_\_  
Is this camper under CYF's (Child, Youth and Family) care? YES / NO Social worker's name: \_\_\_\_\_ Phone (work): \_\_\_\_\_ Mobile: \_\_\_\_\_

**CAMP FEES PAYMENT** I am enclosing Full Fee \$ \_\_\_\_\_ Or ☐ \$60 (Deposit) In addition, I donate \$ \_\_\_\_\_ to help another young person go to camp.  
☐ a. Cheque, I enclose a cheque made out to Scripture Union.  
☐ b. Credit Card Please charge my card for \$ \_\_\_\_\_ ☐ Visa ☐ Mastercard Card number: \_\_\_\_\_  
Name on Card: \_\_\_\_\_ Expiry: \_\_\_\_\_ / \_\_\_\_\_ CSC (3 digits on back of card) \_\_\_\_\_ Signature: \_\_\_\_\_  
☐ c. Internet Banking, I wish to pay through Internet banking. (We will email you our bank details after receiving your registration). Do you require a receipt? YES / NO

**CAMPER AGREEMENT WITH SCRIPTURE UNION** I agree to observe the rules and routines of camp, and to participate in the programme arranged.  
(Signature of camper) \_\_\_\_\_

**PARENT/CAREGIVER AGREEMENT WITH SCRIPTURE UNION** By signing this form, I am agreeing that, while camp leaders will take all reasonable care of the camper during camp, the leaders will be free of personal liability in the event of any physical injury, or for loss the camper may sustain to personal property. I also agree that in the event of sickness or accident, permission is given for all qualified medical attention necessary at my expense and the first available contact listed on this form will be notified promptly. I understand that certain inherent risks and dangers may exist in the activities in which the camper will take part. I acknowledge that, while Scripture Union and its leaders will make every reasonable effort to minimise exposure to known risks, some hazards and dangers associated with these activities cannot be foreseen or may be beyond the control of Scripture Union and its teams. I agree that photographs or video of the camper as well as non-identifying stories or quotes about the camper, taken during camp, may be used for promotional purposes. I consent to the camper's and my own personal information being held by SUNZ and that I may be contacted by SUNZ or our camp leaders from time to time. Finally, I agree that the information on this form is correct and complete and that I will advise SUNZ promptly of any changes.

I am the child's \_\_\_\_\_ (please state your legal relationship e.g. parent, guardian, social worker)  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_