

Protecting Your Privacy

The information we seek allows us to manage risk, and provide reasonable care in our camp. We are careful to keep any sensitive information confidential, and provide it only to team members who need it on camp (e.g. designated first aider) - we will not use this information for other purposes.

Contact Details

Personal Name _____ Family Name _____
 Preferred Name _____ Male Female Date of Birth: _____
 Address _____
 City / Town _____ Country _____
 Postcode _____ Phone (H) _____ (M) _____
 Email _____

Emergency Contacts

In case of an emergency, please list phone numbers where you (parent/caregiver), and at least one other person (a friend or relative), may be contacted **during the course of the camp**.

| | | | | |
|-------|--------------|--------------|---------|----------|
| Name | Relationship | Phones (day) | (night) | (mobile) |
| _____ | _____ | _____ | _____ | _____ |

Dietary Requirements

Do you have any special dietary requirements? Yes No
 If yes, please explain:

Medical Information

Have you been taken off medication recently? Yes No
 If yes, please give details:

Have you previously broken/fractured any bones? Yes No

If Yes, please give details:

What is the year of you last tetanus injection (if known) ? _____

Specific Medical Conditions

Please indicate below, if you has had any of the following. Provide additional details if necessary.

| Condition | In the Past | Present | Condition | In the Past | Present |
|------------------|--------------------------|--------------------------|-------------------|--------------------------|--------------------------|
| Asthma | <input type="checkbox"/> | <input type="checkbox"/> | Hyperactivity | <input type="checkbox"/> | <input type="checkbox"/> |
| Diabetes | <input type="checkbox"/> | <input type="checkbox"/> | Hypo activity | <input type="checkbox"/> | <input type="checkbox"/> |
| Epilepsy | <input type="checkbox"/> | <input type="checkbox"/> | Heart Problems | <input type="checkbox"/> | <input type="checkbox"/> |
| Fits/Convulsion | <input type="checkbox"/> | <input type="checkbox"/> | Allergy – foods | <input type="checkbox"/> | <input type="checkbox"/> |
| Faint/Dizziness | <input type="checkbox"/> | <input type="checkbox"/> | Allergy – animals | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | Allergy – other | <input type="checkbox"/> | <input type="checkbox"/> |

Details (e.g. severity; last injection; treatment)

Are there any conditions requiring special attention that we should know about (e.g. hearing or sight impairment; reading or learning difficulties; ADD or ADHD; behaviour issues; formal counselling situations; other)? Please list below:

Agreement with Capernwray Bible School

- I am aware that certain aspects of the programme may be physically and emotionally demanding.
- I understand that certain inherent risks and dangers may exist in the activities in which you will take part. I acknowledge that, while Capernwray Bible School 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 Capernwray Bible School and its team.
- **In the event of any emergency** where the your emergency contact people are unavailable:
 1. I authorise the team to obtain medical advice and/or assistance that they deem necessary.
 2. I further authorise qualified practitioners to administer anaesthetic if required.
 3. I accept all operation, blood transfusion and/or anaesthetic risks involved in the event that such procedures are deemed necessary.
 4. I accept the responsibility for payment of any medical, transport or other related expenses.
- I consent to the camper's personal information being held by Capernwray Bible School for appropriate use within the organisation.
- I confirm that the information given is true and correct, and I will advise the Team Leader promptly of any changes.

Name

Signature

Date



The one week ABS is a more relaxed form of the classic six week course. We will be based at the Adventure Lodge (128 Horahora Rd). During the course of the week we will be doing a range of outdoor adventure activities combined with opening the Bible to the **Book of Joshua**.

Activities depend on the weather and could include lake kayaking, caving, tramping, climbing, skiing/snow boarding (extra expense).



Please return completed form to PO Box 702, Cambridge 3450, New Zealand or email to office@capernwray.org.nz