

YOUTH CAMP

Camp is held at WEDDERBURN CHRISTIAN CAMP 208 Minerva Road, Wedderburn.

Make sure your permission slip and camp money - \$150 are in to Luke by August 29.

You need to be at church at 7pm on Friday September 11th. We'll be back at church by 3:30pm on Sunday September 13th.

ANY QUESTIONS:

LUKE BARTLETT MOB: 0433725575

EMAIL: LUKE@NARWEEBAPTIST.ORG.AU

youth at ube

THRONE

EVERY KNEE SHALL BOW

WHAT TO BRING

SLEEPING BAG
PILLOW
PYJAMAS
MESSY GAME CLOTHES
BIBLE
TOWEL

SWIMMERS TORCH

CHILDS NAME:		
by youth group leaders. I am aware stand that whilst all precautions we and through all activities (which moverious games) are done so at his/through these activities or over the any injury that may be suffered by hereby agree to indemnify the churinjury that may be suffered. I agree emergency medical treatment he/transport to hospital via ambulance expenses. I also accept that the chacknowledge that all items of valuinclude but not limited to mobile p	13th September 2015. An Campsite at Wedderke that my child will be traill be taken to ensure my include but is not limited on the country of the country and the church may aushe may require over the e and hospital treatment urch will take no response should be left at home thones & iPods). I understant the country over the country of the country of the country of the country over the country of the country over	I understand that my child will be ourn in single-sex rooms supervised avelling to the site by bus. I underly child's safety over the weekend ited to bus travel, river walking, and consibility can be taken for accidents ge that the church is not liable for onnection with these activities. I ising from or in connection with any athorise on my child's behalf any e weekend which may include at. I also agree to pay all medical asibility for my child's valuables and e (examples of valuable items may tand that all of the youth will be weekend (during talks, activities and
Parents Name	Signature	Date

PLEASE SELECT YOUR TSHIRT SIZE



EMERGENCY DETAILS:

PARENT/GUARDIAN NAME(S):

CONTACT NUMBER(S):

יווו חים אכחוחגםב אח

CHILD'S MEDICARE NO:

ANY HEALTH ALERTS (INCLUDING ALLERGIES, MEDICATIONS, ANYTHING TO BE AWARE OF OVER THE WEEKEND):