

Date application received	Date payment received

Camper Application Form

Living Church of God¹
New Zealand

Personal Information of Minor															
Applicant's last name:			First name:			Middle name(s):			Paste recent photo of applicant here						
Address:															
Country:						Post code:									
Daytime telephone number:						Evening telephone number:									
Email:															
Date of Birth:		dd	mm	yyyy	Sex:		Male						Female		
T-Shirt BOYS men's size (only if needed):		XS	S	M	L	XL	2XL	18	20	22	24				
T-Shirt GIRLS ladies size (only if needed):		6	8	10	12	14	16	18	20	22	24				
Other Information															
In the event of an emergency notify:															
Phone number in an emergency:			Daytime:				Evening:								
Church congregation:						Pastor's name:									
Have you attended Summer Camp(s) before? <input type="checkbox"/> Yes <input type="checkbox"/> No															
Provide location and dates of any Youth Program(s) attended previously:															
Swimming proficiency: <input type="checkbox"/> Can't Swim <input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Skilled															
Reason for Attending															
In your own words, please explain why you want to attend the Living Youth Program															
Applicant's signature :						Date									
Fees															
Cost of Youth Camp (excluding any transportation to and from the camp) is \$300 NZD for NZ camper and \$200 AUD for Australian camper. There are no fees for other internationals. There are discounts available for families with more than one camper attending. Thank you for applying for camp!															
IMPORTANT: Please scan and email all pages of this application form to lycnzcamp@living.org.au by 30th July 2021. Please be aware that page 2 needs to be signed and submitted to your Pastor.															



¹ Living Church of God Ltd. (NZ Charity No. CC49669), trading as "Living Church of God" and "Living Youth Program". PO Box 2767 Shortland Street, Auckland 1140, New Zealand. Phone: 64-9-268-8985

Attendance Permission, Standard of Conduct, Acknowledgement of Risk, and Privacy Release Agreement

Living Church of God Ltd. (NZ Charity No. CC49669) hosts the Living Youth Camp at Eltham Christian Camp ("LYC" or the "Camp"). By completing and signing this form, you confirm that you have read our Privacy Notice [<https://www.lcg.org/legal/privacy-notice>].

Living Youth Program will maintain high standards of conduct and dress, based on God's Laws (as interpreted by Living Church of God). These standards include, but are not limited to: no underage possession or use of alcohol; no tobacco or illegal drugs; no bullying or disorderly conduct; no theft, profanity or sexual misconduct; no destruction of property. Refusal to cooperate fully with the programme staff, and immoderate and revealing clothing is considered inappropriate. A camper, who does not comply with these standards, or whose conduct or attitude undermines the positive environment and objectives of the Camp, is subject to being dismissed. If a camper is dismissed, he or she will be sent home at his or her parent's expense.

Applicant: I have read, fully understand and agree to comply with all the standards set forth by Living Youth Program, and agree to the statement of the above paragraph. I agree with its implications and stated consequences. I further understand that should I violate camp standards and conduct guidelines or endanger the safety or wellbeing of the camp or other staff that I can be sent home at the Camp Director's request and at my own or my parent's expense.

I believe that I am in good health and can participate in strenuous activities unless noted. I understand that it is recommended that I have my own medical insurance protection. I fully understand and accept that all activities are undertaken at my own risk.

In entering into this Agreement I am not relying on any oral or written representations or statements made by Living Youth Program, Living Church of God or its affiliated organisations with respect to the safety of the Activities.

Applicant's signature:

Date:

Parent or Guardian: I give permission for (Applicant's name) _____ (the, "Minor") to attend Living Youth Program sponsored by Living Church of God and understand that if he/she violates camp standards and conduct guidelines, or endangers the safety or wellbeing of the Camp or staff that he/she can be sent home at the Camp Director's request and at my expense (I understand that there is no reimbursement of fees after the start of Camp). I also believe my Minor is in good health and can participate in strenuous activities unless noted. I understand that it is recommended that my Minor have our own insurance protection since campers participate in activities at their own risk.

I hereby (*tick one box*) **DO** / **DO NOT** give permission for my Minor to participate in any water activities. I fully understand and accept that all activities are undertaken at my and my Minor's own risk. In entering into this Agreement I am not relying on any oral or written representations or statements made by Living Youth Program, Living Church of God or its affiliated organisations with respect to the safety of the Activities.

In entering into this agreement I am not relying on any oral or written representations or statements made by the Church, LYC or their affiliated organizations with respect to the safety of the Activities at camp.

Parent/Guardian's signature(s):

Date:

Pastor's Recommendation (to be completed by the applicant's pastor)

Pastor's name:

Pastor's telephone number:

Accept applicant this year?

Yes

No

Pastor's email address:

Explain:

Pastor's signature:

Date:

Pastors should if possible, scan & email this page ONLY of the application form to: lycnzcamp@living.org.au; or mail the form to:

**Living Youth Program – NZ, Living Church of God,
PO Box 2767, Shortland Street, Auckland 1140, New Zealand**

Applicants Full Name:

Medical Statement (Parent or Guardian to complete)

Medicare number

Expiry Date:/.....

Ambulance Member Yes No Included in Health Fund Yes No Membership No:

Private Health Fund Yes No Fund Name: Membership No:

(A) Does applicant wear a **medical alert**? Yes No Necklace Bracelet

(B) Does applicant take any **medication** regularly? Yes No If yes, please give details below

Drug	Dose	Method of Administration
.....
.....

(C) Does applicant have any **Allergies**? Yes No If yes, please give details below

- 1 *Antibiotics
- 2 *Foods
- 3 *Food dyes/colourings
- 4 *Nuts
- 5 *Bandages/Dressings
- 6 Bee, Ant or Wasp sting
- 7 *Animal Hair
- 8 Dust mites
- 9 *Drugs (other than antibiotics)
- 10 *Other

* Extra information

(D) Does applicant use any **medical aids**? Yes No If yes, please give details below

- 1 Asthma inhaler/pump
- 2 Back Brace
- 3 Dental braces/orthodontics
- 4 *Wheelchair
- 5 Pacemaker (heart)
- 6 CPAP pump
- 7 Incontinence aids
- 8 Insulin pump
- 9 *Other

* Extra information

(E) Does applicant have any special **dietary** requirements? Yes No If yes, please give details below

- 1 Coeliac (wheat/Gluten free)
- 2 Diabetic
- 3 Low Cholesterol/fat
- 4 Lactose intolerant
- 5 *Other Health (must have doctors letter attached)
- 6 *Specific Food allergies (Nuts, Eggs, dairy etc.)

* Extra information

(F) If applicant suffers from a **Medical or Physical condition**, please indicate below so that provision can be made for their welfare.

- 1 ADD, ADHD, Autism
- 2 Angina
- 3 Arthritis
- 4 Asthma
- 5 Back Problem or Asperger's Syndrome
- 6 Bleeding disorder
- 7 Blood Pressure
- 8 Bronchitis
- 9 Diabetes
- 10 Epilepsy / Blackouts
- 11 Hay Fever
- 12 Heart Trouble
- 13 Migraine
- 14 Sleep Walking
- 15 Spasticity
- 16 Stroke
- 17 Travel Sickness
- 18 Urinary Problems
- 19 Visual impairment

Other(attach details)

Extra information

Parent/Guardian's signature(s):

Date:



(Where possible BOTH parents/guardians are to sign)

***** PLEASE PHOTOCOPY THIS MEDICAL STATEMENT FOR YOUR FUTURE REFERENCE *****

Should the applicant's Medical or Physical condition change from the information provided, in any way, before departure for the Camp, it is your obligation to advise the Camp Director immediately, in writing, of such a change.

MEDICAL AUTHORISATION AND RELEASE

Minor's Name:		Date of Birth:
Emergency Contact No. 1:	Work Phone:	Mobile Phone:
Emergency Contact No. 2:	Work Phone:	Mobile Phone:

Authorization for and Consent to Health Care Treatment

I / We (being parent(s) or Guardian(s) of above named Applicant)

acknowledge that the activities conducted at the Camp will involve physical tasks which inherently contain risk of injury. I / We understand that those activities are carried out on a challenge by choice basis, and that the Applicant may decline to participate in any one or more activities should he/she desire.

confirm the Medical Statement is a true and complete statement of the applicant's health. I do not know of any other physical, mental or emotional problems.

agree to advise Living Youth Program as soon as possible if the applicant develops any illness or is exposed to any infectious disease before departure to the Camp.

agree not to send an exposed applicant to the Camp to prevent spreading the illness or infectious disease to others.

agree that the medical information may be released to medical personnel where appropriate. I consent to allow LYC, the Church and their staff and/or volunteers to provide health care professionals with any and all information required in order to ensure that my child receives appropriate medical assistance.

agree that in the event of accident or illness, I / We authorize an officer, servant, agent or leader of Living Youth Camp to obtain on my/our behalf, and at my/our expense, such urgent medical or dental assistance, treatment, nursing, hospital and/or ambulance service as may be considered appropriate by such officer, servant, agent or leader of Living Youth Camp, and (should it be advised by a duly qualified medical practitioner that it is necessary) to authorize a general anaesthetic.

agree to pay on demand to Living Youth Program, all such medical, hospital and other fees and expenses incurred or to be incurred by Living Youth Camp in such circumstances other than such fees recoverable under any policy of insurance taken out by Living Youth Program.

authorize the Camp Director to receive physical custody of the minor upon completion of any treatment.

for myself/ourselves, my/our heirs, executors, agents, assigns, and administrators waive, release and forever discharge Living Church of God and Living Youth Program, their staff, directors, officers, agents, employees, representatives, volunteers, successors, assigns of and from all rights and claims for damages, injury or loss to person or property which may be sustained or occur during the minor's participation in Camp activities, while at Camp, or while receiving, not receiving or as a result of receiving, medical and/or dental treatment, whether or not damages, injury or loss is due to negligence. Further, this shall not be construed so as to nullify or void any policy of insurance covering injury or loss to the camper or payments/claims made in respect thereof, including any claims covered by the Church's liability insurance or arising from any negligent acts or omissions by the Church, nor shall the above be construed so as to prevent and/or waive the camper's entitlement to seek redress or compensation for loss or injury against any party, if so advised, through legal proceedings. I understand that campers should carry their own adequate health and travel insurance to cover their camp experience.

warrant that my child is physically fit and mentally capable of participating in Camp activities.

Parent/Guardian's signature(s):	Date:	
(Where possible BOTH parents/guardians are to sign)		

<p>PRIVACY ACT</p> <p>In compliance of the Privacy Act 1993 the following is brought to your attention.</p> <p>a. This application form collects information about you and your minor child.</p> <p>b. The information is collected: -</p> <p style="margin-left: 20px;">i) to decide whether you may be included in the Event detailed above.</p> <p style="margin-left: 20px;">ii) to make arrangements for your participation and welfare should you be included.</p> <p>c. The information is being collected for Living Youth Program and will be used by the organisers and managers of the Camp event. It will form part of a directory of Camp personnel and Living Church of God membership records and is available to your congregational leader, Pastor and Regional office of Living Church of God. It may be used to inform you about products and services offered or recommended by Living Youth Program, Living Church of God and its affiliates, and opportunities to support their work.</p>	<p>d. The information (other than medical information) will be held and stored electronically and used by Living Youth Program and Living Church of God and its affiliates.</p> <p>e. You have rights to, and correction of, this information subject to the provisions of the Privacy Act 1993.</p> <p>f. It is intended the information you provide on the Medical Information Form be used by those responsible for your welfare at the Camp event and access to it is restricted accordingly. It will not be stored electronically and will be destroyed after the Camp event.</p> <p>g. Photographs will be taken at the Camp event and may be used for publicity and marketing of this and future events of Living Youth Camp, Living Church of God and its affiliates, or for other purposes as agreed in the "Standard of Conduct, Acknowledgement of Risk, and Privacy Release Agreement" above.</p>
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Court Orders: Is the Applicant the subject of any custody or access orders or arrangements? Yes No

If so, a signed copy of such order or arrangement must be provided with this application in an envelope marked with the applicant's name and marked **'Private & Confidential'**.

PRIVACY NOTICE

The Church and LYC take your privacy seriously. The information you provide on this form will be handled in accordance with our Privacy Notice. For the purposes of the information provided in this form, your data controller is Living Church of God Ltd. (NZ Charity No. CC49669). By completing and signing this form, you confirm that you have read our Privacy Notice (<https://www.lcg.org/legal/privacy-notice>).

Campers and attendees at LYC may be photographed, filmed, or recorded when participating in or travelling to or from the LYC. Such photographs or recordings (whether visual or audio) may be used by the Church, affiliated entities within the international Living Church of God affiliated group, and/or LYC as part of their worldwide marketing, publishing, communication and other related activities or programmes, in print, on websites, and on social media.

TO BE COMPLETED BY APPLICANT IF APPLICANT IS OVER 13 YEARS OF AGE:

Do you consent to the use of any photographs and/or audio or visual recording taken at LYC in which you appear to be used by the Church, affiliated entities within the international Living Church of God affiliated group, and/or LYC as part of their worldwide marketing, publishing, communications and other related activities or programmes, in print, on websites, and on social media?

- Yes
- No

Do you consent to allow the contact details provided in this form to be used by the Church, affiliated entities within the international Living Church of God affiliated group, and/or LYC to contact you in connection with future Living Youth Camps and other Church-related activities?

- Yes, by email
- Yes, by post
- Yes, by telephone
- No, I do not consent

Signature of applicant:..... Date:.....

TO BE COMPLETED BY PARENT OR GUARDIAN (REGARDLESS OF AGE OF APPLICANT):

Do you consent to the use of any photographs and/or audio or visual recordings taken at LYC in which your child appears to be used by the Church, affiliated entities within the international Living Church of God affiliated group, and/or LYC as part of their worldwide marketing, publishing, communications and other related activities or programmes, in print, on websites, and on social media?

- Yes
- No

Do you consent to allow the contact details provided in this form to be used by the Church and/or LYC to contact you and/or your child in connection with future Living Youth Camps and other Church-related activities?

- Yes, by email
- Yes, by post
- Yes, by telephone
- No, I do not consent

Signature of parent(s):..... Date:.....

Living Church of God

Living Church of God Ltd. (NZ Charity No. CC49669), trading as "Living Church of God" and "Living Youth Program". PO Box 2767

Shortland Street, Auckland 1140, New Zealand. Phone: 64-9-268-8985

lvcnzcamp@living.org.au

Participation Agreement for: Living Youth Program – New Zealand

* Please return completed Waiver to event leader *

Release of Liability, Waiver of Claims and Assumption of Risks and Indemnity Agreement

BY SIGNING THIS DOCUMENT YOU WILL WAIVE CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE THE LISTED RELEASEES THAT ARE INVOLVED IN THE EVENT.

Participant Name: _____ Parent/Guardian Name(s): _____
and

Living Church of God Ltd. (trading as "Living Church of God" and "Living Youth Program") , and its affiliates, and their respective members, directors, officers, administrators, agents, representatives, employees, volunteers, instructors, guides, other participants and, if applicable any contractors, subcontractors, sponsors or advertisers; (Collectively referred to as the "Releasees")

On behalf of myself and the Participant, I acknowledge that the activities forming a part of the above named Event can involve many risks. I am aware, that there can be risks, dangers and hazards associated with the Event and its activities and on behalf of myself and the Participant, I freely accept and fully assume all such risks, dangers and hazards and the possibility of personal injury, death, property damage or loss resulting therefrom.

On behalf of myself and the Participant, I hereby waive any and all claims that I or the Participant have or may have in the future against the Releasees and release the Releasees from any and all liability for any loss, damage, expense or injury including death that I or the Participant may suffer, or that my or the Participant's next of kin may suffer as a result of the Participant undertaking participation in the activities associated with the Event such as (without limitation) transportation to and from the Event and/or its activities, due to any cause whatsoever, including negligence, breach of contract or breach of any statutory or other duty of care on the part of the Releasees including the failure on the part of the Releasees to safeguard or protect the Participant, and I also agree to hold harmless and indemnify the Releasees from any and all liability for any property damage or personal injury to any third party resulting from the Participant's participation in the Event and its activities.

On behalf of myself and the Participant, I am aware, and agree, that this agreement shall be effective and binding upon my and the Participant's heirs, next of kin, executors, administrators, assigns and representatives, even in the event of my or the Participant's death or incapacity.

On behalf of myself and the Participant, I expressly agree that this release of liability, waiver of claims and assumption of risks and indemnity agreement is intended to be as broad and inclusive as permitted by the laws of New Zealand and that this entire agreement shall be governed by and interpreted solely in accordance with the laws of New Zealand and no other jurisdiction regardless of its choice of law or conflict of law rules; and any litigation involving the parties to this agreement shall be brought solely within, and shall be within the exclusive jurisdiction of the courts located in Auckland, New Zealand.

On behalf of myself and the Participant, I agree that this release of liability, waiver of claims and assumption of risks and indemnity agreement is given in consideration of the Releasees allowing the Participant to participate in the Event and its activities and for other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged.

On behalf of myself and the Participant, in entering into this agreement I certify that neither I nor the Participant are relying on any oral or written representations or statements made by the Releasees with respect to the Event or its activities, and agree to abide by any decision reached by any of the Releasees with respect to the Participant's conduct and understand that if ejected from the Event or its activities neither I nor the Participant shall have any claim against any of the Releasees related to such ejection.

On behalf of myself and the Participant, I confirm, that I have carefully read and understood this agreement prior to signing it, and I am aware that by signing this agreement I am waiving certain legal rights which I or the Participant, or that my or the Participant's next of kin, executors, administrators, assigns and representatives may have against the Releasees.

I CERTIFY THAT I HAVE READ AND UNDERSTAND AND AGREE TO THE TERMS AND CONDITIONS OF THIS AGREEMENT, INCLUDING, WITHOUT LIMITATION, PROVISIONS REGARDING ASSUMPTION OF RISK, WAIVER OF CLAIMS, RELEASE OF LIABILITY, AND INDEMNIFICATION. BY SIGNING THIS DOCUMENT I AGREE TO WAIVE CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE.

Parent/Guardian's signature(s):

Date:



Applicant's signature:

Date:

