

## MEDICAL SECTION

This form must be filled for the camp to accept your registration. (Health & Safety)

(Please circle appropriate options and fill in all details)

Do you have any Diagnosed Conditions? **Y / N**

(eg Asthma, Diabetes, Epilepsy, etc)

Any problems with hearing or vision? **Y / N**

Are you allergic to any medication or food? **Y / N**

(please state which ones)

Are your immunisations up to date? **Y / N**

When was your last Tetanus injection? \_\_\_ / \_\_\_ / \_\_\_

Do you take any Current Medication? **Y / N**

(These will need to be kept in the First Aid room at camp)

As a group leader you will be involved supervising outdoor activities around the campsite. Are there any Physical / Health or other Needs that we should be aware of that could affect your full involvement? **Y / N**

(Use extra paper if required)

In the event you need to see a doctor, do you have a Community Services Card? **Y / N**

Card Number \_\_\_\_\_

***I give my consent for the Camp, when necessary, to authorise on my behalf any emergency medical care.***

**Sign here** \_\_\_\_\_

Date: \_\_\_ / \_\_\_ / \_\_\_

## EXPERIENCE SECTION

If you have any experience in ministering to children, please give some details (Use extra paper if required)

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Do you play a musical instrument? **Y / N**

Type of Instrument \_\_\_\_\_

If you play a portable musical instrument, please bring it to camp with you - musical instruments can be a real help in leading children to worship the Lord.

Police Consent Form: If you have never completed a Police Consent form we will send you one on receipt of your application. You may send us a photocopy of any current officially stamped form you have obtained through other agencies.

### POST REGISTRATION TO:

Camp Registrar  
Camp Raglan  
Box 8774, Symonds Street  
Auckland 1150

Ph: (09) 630-5271 Fax: (09) 630-4373

Email: [campraglan@cbm.org.nz](mailto:campraglan@cbm.org.nz)

Website: [www.campraglan.org.nz](http://www.campraglan.org.nz)



Make an  
**IMPACT**  
in children's lives  
as a Group Leader  
or Kitchen Helper



**We conduct life-changing camps for children aged 7-14 years in January, July and Sep/Oct holidays.**

**Our Aim:** To give the children a great holiday with plenty of fun-filled activities and most importantly, to come to know Jesus as their own Saviour and be led into a meaningful relationship with Him.

## Group Leader

Our CBM team has conducted camps for many years. If you come as a group leader, we will give you clear direction and much encouragement and advice as you work alongside children in your group.

This "hands on" ministry with a group equates to 90 hours of very practical training. You will learn much on how to help children develop in their social skills. You will see many of their spiritual and emotional needs being met, through meaningful times of praise and worship, life-related Christian teaching and personal prayer ministry undertaken by our CBM team.

***We believe what can be achieved in 7 days in camp can equate to a year in Sunday School or Children's Church.***

Recreational activities are co-ordinated by our team. You will be involved in these, supervising your own group.

You will be responsible to facilitate a 30-minute group study on several days throughout the week. Full notes and ideas will be provided which you will need to study before camp.

## Kitchen Helper

You may prefer to take another vital role, that of a kitchen helper. This entails a 6.30 am start! We do give you a two hour break in the afternoon!!

Kitchen helpers are asked to attend the 9.30 am & 7.15 pm meetings and observe the teaching and ministry taking place. Where possible you are free to participate in the afternoon activities if you wish, when not required in the kitchen.

***Acceptance is at the discretion of the Camp Director***

**On acceptance, a detailed booklet will be sent to you covering all aspects of camp life.**

# REGISTRATION Form

PLEASE ⇨ COMPLETE BOTH SIDES OF FORM ⇨ PRINT ALL DETAILS



Please enrol me for **1st Week (Sat 7 - Sat 14 Jan 12)**  OR **2nd Week (Sun 15 - Sun 22 Jan 12)**

## Personal Details (NB - Tick appropriate Boxes)

Group Leader  Kitchen Helper

Title: Mr  Mrs  Miss

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

(Underline name known by)

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Telephone No: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: Male  Female

Church: \_\_\_\_\_

## Travel Details (NB - Tick appropriate Boxes)

Arriving at Camp on ( \_\_\_ / \_\_\_ / \_\_\_ Date )

by own Transport  OR Camp Bus

I will be using the INTERCITY Bus to Hamilton.

Leaving Camp on ( \_\_\_ / \_\_\_ / \_\_\_ Date )

by own Transport  Camp Bus

I will be using the INTERCITY Bus from Hamilton.

***Please note it is up to you to organise your own bus bookings.*** If travelling from Auckland use the Intercity Coachlines. If travelling from other parts of the country use Intercity or other companies. See enclosed information for further details.

***Contact us with booking No's.***

Please state a **Contact Person** you wish us to notify in the event of an emergency.

Contact's Name: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Phone/Mobile Number: \_\_\_\_\_

Alternative Number: \_\_\_\_\_

**Reference** For all our voluntary helpers we require a reference from the pastor or home group leader recommending them as a suitable group leader or kitchen helper. If you have not been to our camp for six months or more we require a new reference.

Referee's Name: \_\_\_\_\_

Referee's Address: \_\_\_\_\_

Referee's Email: \_\_\_\_\_

Referee's Ph Contact: \_\_\_\_\_

**Camp Fees** You are welcome to bring your own children from age 6 years up. We do not have a compulsory fee structure for leaders. However there are very real costs in feeding campers and leaders. Therefore we would **appreciate a realistic donation** to cover these costs while your family is at camp.

I am enclosing a donation of \$ \_\_\_\_\_ to cover the costs of myself / my family.

NB: You will need to fill in a campers form for each of your children attending.

For Office

Vetting Form

Use Only

Reference

(Cut off and post the Registration. Keep the other half for your information.)