



# WINTER CAMP APPLICATION FORM

**Please complete and send with \$20 non-refundable registration fee by June 18<sup>th</sup> to:**

**Winter Camp - Youth With A Mission,  
P.O. Box 8501,  
Perth Business Centre, WA 6849**

**Phone 9328-5321  
Fax 9328-1324**

### 1. Application

Is your Registration Fee of \$20 enclosed?

Yes  No

Is your Camp Fee of \$230 enclosed?

Yes  No

I need a ride from Perth to Forest Edge Recreation Camp

### 2. Camp Payment

Cash  Money Order  Cheque (payable to YWAM Perth)

Name as it appears on Card

**Paying by credit card is subject to 2% surcharge**

Card Number

Visa  Mastercard  Other  \_\_\_\_\_

Signature

Expiry Date

Amount

### 3. Your Name

Surname

First Name

Address

Suburb and Postcode

Email

Phone

Medicare Number \_\_\_\_\_

Expiry date \_\_\_\_\_

Allergies/Medication/Ongoing Sickness/Dietary Requirements

  
  

### 2. Personal Details

Your Date of Birth

Age

Sex

Male

Female

Jumper size **S M L XL XXL**

### 4. Emergency Contact

Name

Relationship (i.e. Father, Mother, Sister, etc)

Address (include country & postcode)

Telephone

Fax

Email

**Please turn over**

**Please describe your Christian experience below:**

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**5. Home Church Information**

Name of Church

Pastor's Name

Phone Number

**6. Release of Liability**

The camper and his/her Parent/Guardian expressly acknowledge and agree:

- a. That whilst members of YWAM Perth will do their best to assist the camper, the Wintercamp staff are volunteers and therefore the campers care and safety is his/her own entire responsibility.
- b. That there is risk of injury normally associated with the sports and activities in which the camper will be involved at Wintercamp and the camper and his/her parents/guardians fully and voluntarily accept all such risks in relation to the camp.
- c. That to the fullest extent permitted by law, neither YWAM Perth nor its officers and voluntary assistants shall be liable to the camper and his/her Parent/Guardian and any other person for damages in contract or tort or otherwise if the camper suffers loss of or damage to his/her property or suffers personal injury for any reason whatsoever whilst at, in relation to, or travelling to or from Wintercamp and any related activities, and;
- d. Except as disclosed in the initial application form, that the camper does not suffer from any physical or mental disability, illness or disorder nor are they taking medication that affects their ability to normally participate in Wintercamp or the sports and activities in which they will be involved in relation to that camp.

**Declaration:**

The camper and their parent/guardians have read this disclaimer, understand its meaning, and sign it freely and voluntarily.

Camper's signature

Name of Parent/Guardian

Signed

Dated

day	/	month	/	year
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**7. Consent for Treatment**

In the event of an emergency in which my child is rendered unconscious and I cannot be contacted, I hereby agree to such treatment, anaesthetics and operations to be performed upon my child as in the opinion of the attending physician/s is deemed necessary.

Signed by Parent or Guardian

Dated

day	/	month	/	year
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