

Phat '09

is coming...



PHAT details

Arrive: Wednesday 15th April 2009, **12:30pm**
(NO lunch provided)

Location of the campsite:
Crosslands Youth & Convention Centre
Crosslands Rd, Galston

Drop off Location:
Crosslands Reserve picnic area (across the river from Crosslands Centre) Somerville Rd, Hornsby Heights. *If you are arriving after 1:30pm please inform Renae Godden, as you will have to access the campsite via Crosslands Rd.*

Depart:: Sunday 19th April 2009, 2:30pm

Pick up location: Crosslands Reserve,
Somerville Rd, Hornsby Heights
If picking up your child before 2:30pm please inform Renae

Transport: Please arrange your own transport

CAMPER INFORMATION

Name: _____ School and Year: _____ DOB: _____

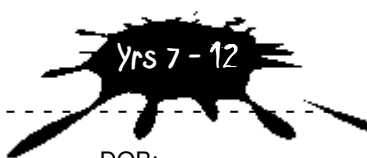
Address: _____ Suburb: _____ Postcode: _____

Parent/Guardian name: _____ Tel [h]: _____ [m] _____

My email address: _____ [please sign me up for *ccecyouth breaking news*]

Emergency contact name: _____ Tel [h]: _____ [m] _____

Medicare #: _____ Health insurance co: _____ Membership #: _____



Cost

Early Bird: Pay **by** 20/3/09 → \$185
Pay **after** 20/3/09 → \$200
Family discount → 2nd child \$5 off, 3rd child \$10 off, 4th child \$10 off - discount continues thereon.
(make cheques out to Central Coast Evangelical Church)
[donations to help other youth attend would be greatly appreciated]

Rego closes Sunday 5th April

Describe in full any allergies (drugs, food, environment etc) and the medication taken for each, on a separate sheet.

Is the camper on a special diet? NO/YES (If yes, give details on a separate sheet)

Can the camper be administered Panadol if required? NO/YES

Does the camper take any medication? NO/YES (If yes, outline dosage, purpose & times on a separate sheet)

Has the camper had any recent operations or have a serious illness? NO/YES (If yes, provide detail, date & type on a separate sheet)

Is the camper restricted from any camp activity? NO/YES (If yes, give details on a separate sheet)

Can the camper swim? NO/YES How many metres? _____

Is there anyone who is legally restricted from seeing the camper? NO/YES Who? _____

I can help with transport NO/YES I can provide _____ extra seats.

I give permission for CCEC to use any photos or video footage of my child whilst on camp for Church promotion NO/YES

GETTING THERE

1. F3 Freeway
– head towards Sydney.
2. Take the Berowra Exit onto the Pacific Highway.
3. Follow the Pacific highway for about 12km

What to bring – Checklist:

- ✓ Clothes – including warm ones and ones to get dirty in
- ✓ Enclosed shoes to wear in the water
- ✓ Swimmers and 2 towels
- ✓ Fitted sheet, pillow, sleeping bag
- ✓ Bible and pen

CONTACTS

Any Questions?

Ask your year group leader or:

Renae Godden: 0408825926

rkgodden@yahoo.com

Other Contacts:

Rhett Harris: 0402853141

Juniors

Aaron Plunkett: 0438473489

Seniors

Jackson Stace: 0417 437 403

4. Turn right onto Galston Rd.
5. Turn right onto Somerville Road – follow to the end (about 5.5km).

- ✓ Toiletries & any medication
- ✓ Small amount of money for the canteen & bookshop

Senior boys need to bring **camping gear**

If you need to contact your child in an Emergency, call:

96531885 OR Renae's mobile

(if cost is an issue please contact Rhett Harris or Renae Godden)

**Crosslands Reserve,
picnic area
Somerville Rd,
Hornsby Heights**

Hand in rego forms and money to Jess Kelly (Jnr youth) or Lachlan Grice (Snr youth)

Download more rego forms at **www.ccecyouth.com**

OFFICE:

Central Coast Evangelical Church

331 Terrigal Drive

ERINA NSW 2250

Ph: (02) 4367 2100

Fax: (02) 4367 2258

PHAT is run by ccecyOUTH

We exist to **GLORIFY** God in everything as we **GATHER** to hear His word: **GROW** in godliness: **GIVE** in service of others; share the **GOSPEL** of Jesus' death and resurrection and gladly rejoice in Him.

INDEMNITY, PARENTS/GUARDIANS PLEASE READ AND SIGN THE FOLLOWING:

My signature below indicates my willingness to permit my child to participate fully in all activities associated with PHAT, including (but not necessarily restricted to) those indicated. Whilst every precaution shall be taken to ensure good welfare and protection of my child, Central Coast Evangelical Church (CCEC), its members, staff or any person acting on behalf of CCEC are hereby released from any and all liability in the event of any accident or misfortune that may occur to my child or damage or loss to his/her property. In the case of a medical emergency, I hereby give permission to the doctor chosen by the Church leader to secure proper treatment for and/or hospitalisation, injection, anaesthetic or surgery for my child as named. I understand that every effort will be made to contact me prior to instituting such procedures. PARENTS OR GUARDIAN'S SIGNATURE CERTIFYING ACCEPTANCE OF ALL CONDITIONS THEREON.

PARENTAL/GUARDIAN CONSENT

I give permission for my son/daughter to attend camp and my signature below indicates my willingness to permit my child to participate fully in all activities associated with the camp.

Sign: _____ Date: ____/____/____

[fill out the camper information for each of your children]

Payment details

Rego fees: _____

Optional contribution: _____

Total: _____