

>>PHAT permission slip

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: _____

Download more rego forms at www.ccecyouth.tk
 OFFICE: Central Coast Evangelical Church
 PO Box 3446, Erina NSW 2250
 [ph] 4323-7689 [fx] 4323-1482

*Hand in rego forms & money to Dave Morgan
 [Juniors], Adrian Haynes [seniors] or the Rego
 Table at church*

Rhett Harris on 4365-6560.
 Also if the cost is an issue please speak to Rhett or:
Junior Youth David Miers 4322-2107
 Rowena Miers 4322-2107
Senior Youth Adrian Haynes 4367-6969
 Rahia Watt 4323-1540

[If you need a map there is one in the street direc-
 tory... or online at <http://www.whereis.com.au>]

- 6) DRIVE SAFELY.
- 5) Follow for a while all the way to the campsite.
- 4) Right: Crosslands Road (next after Fishburn Road) [before Arcadia]
- 3) Right: Galston Road (in Asquith)
- 2) Take the Berowra Exit onto the Pacific Hwy.
- 1) F3 Freeway - head towards Sydney.

Directions:
 Crosslands Rd, Galston
Crosslands Youth & Convention Centre

>>contact

>>directions



ccecyouth yr 7-12 camp





> > > PHAT ? ? ?

What do you get when you combine: hanging; singing; swimming; games; competitions; food; fun; friendships; sleeping; reading; praying; laughing; growing; sports; listening; reflecting; challenges; testimonies; stories; food; sleep; more food; more sleep; more fun...???

We like to call it PHAT

PHAT will be very PHAT this year... **Don't miss the action!**

>>PHAT details

Arrive | Wednesday 13th April
 From **5:30pm** [bbq for family... gold coin donation p.p.]
 Program starts @ **8pm sharp**

Depart | Sunday 17th April @ 2pm

Location | Crosslands Youth & Convention Centre
 Crosslands Rd, Galston

Transport | Please arrange your own transport.

Cost |

Pay by Sun 27th March 05 >>> **\$165**
 Pay after Sun 27th March 05 >>> **\$175**
Family discount >> 2nd child \$10 off, 3rd Child \$20 off etc
 [make cheques out to Central Coast Evangelical Church]

[donations to help other youth attend are welcome]

REGO CLOSSES - Sunday 10th April 05.

What to Bring checklist...

- Clothes (including warm ones and ones to get dirty in)
- Closed shoes to wear in the water
- Swimmers and 2 towels
- Fitted sheet, pillow, sleeping bag**
- Bible and pen
- Toiletries & any medication
- Small amount of money for the canteen.

Please don't bring valuable items such as sound systems, computer games or mobile phones.

Don't miss out!!!

www.ccecyouth.tk

PHAT is run by **cccecYOUTH**



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

>>camper information separate form for each camper

Name: _____ School and Year _____ DOB: _____
 Address: _____ Suburb: _____ Postcode: _____
 Parent/Guardian Name: _____ Tel [h]: _____ [m] _____
 My email address: _____ [please sign me up for *cccec youth breaking news*]
 Emergency contact Name: _____ Tel [h]: _____ [m] _____
Medicare #: _____ **Health insurance co:** _____ **Membership #:** _____

Describe in full any allergies (drugs, food, environment) 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 separate sheet)

Has the camper had any operations or a serious illness? No Yes (If yes, provide detail, date and type on separate sheet).

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

Can he/she swim? No Yes How many metres _____

Is there anyone who is legally restricted from seeing 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.