



2017 CRAZY LOVE TOUR KAITIA

360

SUPPORTED BY THE
360
COMMUNITY
TRUST

TOURING WITH DAY7 & RESONATE 12-15 October 2017

✉ info@360.org.nz

🌐 www.360.org.nz

f groups/360ministries

☎ (09) 278 7786

📍 16 Puhinui Road, Papatoetoe

2017 CRAZY LOVE TOUR REGISTRATION

Extra forms can be downloaded from www.360.org.nz

PARTICIPANT CONTACT DETAILS: (Please print clearly)

Surname: <input type="text"/>	First Names: <input type="text"/>
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (DD/MM/YYYY): <input type="text"/> Age: <input type="text"/>
Home Phone: <input type="text"/>	Mobile Phone: <input type="text"/>
Email: <input type="text"/>	
Postal Address: <input type="text"/>	Who invited you on the Crazy Love Tour?
	<input type="checkbox"/> <input type="text"/>
	<input type="checkbox"/> I belong to Papsda 360

EMERGENCY CONTACT / PARENT / CAREGIVER INFORMATION: (Must be completed)

Surname: <input type="text"/>	First Names: <input type="text"/>
Relationship to participant: <input type="text"/>	
Home Phone: <input type="text"/>	Mobile Phone: <input type="text"/>
Email: <input type="text"/>	
Postal Address: <input type="text"/>	

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Email: <input type="text"/>	
Postal Address: <input type="text"/>	

ACKNOWLEDGEMENT OF RISK 1) I understand that there are risks associated with involvement in church activities/events and that these risks cannot be fully eliminated. I understand that the church will attempt to identify any foreseeable risks or hazards and will implement correct management procedures to eliminate, isolate or minimize those hazards. I understand that I/my child have been involved in the development of safety procedures. I will do my best to ensure that I/my child will follow these procedures. 2) I know that I am able to ask any questions of the church about the activities I/my child will be involved in, to gain a better understanding of the risks involved. I recognize that participation in such activities is voluntary and not mandatory and as such I/my child will be participating at my/their own risk. I/my child understand that I/they may withdraw from the activity if I/they feel at risk. This must be done in consultation with the person in charge. 3) I understand that the church does not accept any responsibility for loss or damage to personal property and that it is my responsibility to check my own insurance policy. 4) Two emergency contact numbers have been provided on the Registration Form and are current and up to date. 5) I give permission for my/my child's picture/photos to be used in electronic and other presentations.

PERMISSION (OR ADULT PARTICIPANT IF 18 YEARS OR OVER)

I give my child:
permission to attend the 360 Crazy Love Tour at Kaitia on the weekend
of 12-15 October 2017.

Print Name:

Parent Signature:

Date: (DD/MM/YYYY)

Hey 360! Have you ever wondered what your purpose in life is? If you were blessed enough to participate in iCAN58 this year, you would have experienced how God's **CRAZY LOVE** spread throughout South Auckland when we took iCAN58 to the markets of Clendon. It was amazing!

Now, imagine a large group of **CRAZY LOVE** people invading a small New Zealand town by giving a much-needed makeover to a garden, or fixing and painting a fence that is falling over, or giving food to a few needy families, or bringing a message of hope to high-schoolers, or helping an old lady fix a door that's been broken, or giving out clothing to people who need it, or using the gift of music to encourage a small church?

Imagine doing that for people we don't know, in a place where we don't live, for a reward we may never see! That's some kinda **CRAZY LOVE**. We've experienced it with iCAN58 and now 360 and Day7 are taking **CRAZY LOVE** on tour to Kaitiaia!

SO... Get your **CRAZY** on and register now for the **360/DAY7 CRAZY LOVE TOUR**.

WHERE: Kaitiaia
(accommodation venue to be confirmed)

WHEN: 12-15 October 2017 (Thursday - Sunday)

TRAVEL: We will be leaving Papsda at 12:00pm on Thursday, 12 October and travelling in convoy to Kaitiaia. Please meet around by the Teen Room. We plan to be back at Papsda on Sunday, 15 October by 6:00pm.

WHO FOR: All Teens & Youth & 360 Life Group Leaders

TEAM LEADER:
William Wolfgramm

REGISTRATIONS:
DUE BY 30 SEPTEMBER. Please send your completed Registration Form AND Health

Form to: 360 Ministries, PO Box 23-231, Hunters Corner, Auckland 2155

Alternatively you can hand in your Registration Form AND Health Form to the Church Office. For Internet payments please use the 360 Community Trust Bank account no: 02-0214-0154304-00. Use your NAME and 360 TOUR as the reference.

TOUR FEES: \$100 per person. This includes all expenses for the 4 days from dinner on Thursday night until brunch on Sunday, all accommodation, all activities and transport if required. The tour fees are payable to 360 Community Trust by 30 SEPTEMBER. Payment options are available. Please talk to us—we don't want anyone to miss out! Please contact Tracey Ryan email tracey@papsda.co.nz for payment options.

WHAT TO BRING:

- WARM Clothing for 4 days (including clothes to work in)
- WET WEATHER GEAR

- BEDDING, sleeping bag, pillow, blanket, sheet
- TORCH
- RAIN JACKET
- TOWELS x 2
- WALKING SHOES
- BIBLE (everyone needs one)
- PLASTIC BAGS for wet/dirty clothing
- TOILETRIES and medicines required

EMERGENCY CONTACTS:

In case of emergency please contact one of the following leaders:

- Tracey Ryan 021 739 756
- Ricky Ryan 027 494 9432
- William Wolfgramm 021 042 3724
- Esther Williams 021 079 5125
- Karl Saifoloi 021 872 311

For more information about the tour, please contact Tracey or William at Papsda (09) 278 7786 or e-mail tracey@papsda.co.nz

2017 CRAZY LOVE TOUR HEALTH FORM

Name of Participant:

Medic Alert Number:

1. PLEASE TICK IF YOU EXPERIENCE/HAVE ANY OF THE FOLLOWING:

- ☐ Migraine
☐ Travel Sickness
☐ Fits of Any Type

- ☐ Epilepsy
☐ Asthma
☐ Colour Blindness
☐ Sleep Walking

- ☐ Bed-Wetting
☐ Nose Bleeds
☐ Dizzy Spells
☐ Bed-Wetting

- ☐ Diabetes
☐ Heart Condition (Please Specify)

For Overnight Events:

2. ARE YOU CURRENTLY TAKING ANY MEDICATIONS?

☐ Yes ☐ No

If yes, please state Ailment/s:

Name of Medication/s:

Dosage and time/s to be taken:

Other Treatment:

3. HAVE YOU HAD ANY MAJOR INJURIES (BREAKS OR STRAINS) OR ILLNESS (GLANDULAR FEVER ETC.) IN THE LAST SIX MONTHS THAT MAY LIMIT YOUR FULL PARTICIPATION IN ANY ACTIVITIES?

- ☐ Yes
☐ No

4. ARE YOU ALLERGIC TO ANY OF THE FOLLOWING PLEASE SPECIFY

Prescription Medication ☐ Yes ☐ No

Food ☐ Yes ☐ No

Insect Bites / Stings ☐ Yes ☐ No

Other Allergies ☐ Yes ☐ No

5. WHEN WAS YOUR LAST TETANUS INJECTION?

6. OUTLINE ANY DIETARY REQUIREMENTS:

7. WHAT PAIN / FLU MEDICATION MAY YOU BE GIVEN IF NECESSARY?

8. TO THE BEST OF YOUR KNOWLEDGE HAVE YOU BEEN IN CONTACT WITH ANY CONTAGIOUS OR INFECTIOUS DISEASES IN THE LAST FOUR WEEKS?

☐ Yes ☐ No

9. IS THERE ANY INFORMATION THE STAFF SHOULD KNOW TO ENSURE YOUR PHYSICAL AND EMOTIONAL SAFETY? (FOR EXAMPLE, FOR CULTURAL PRACTICES, DISABILITY, ANXIETY ABOUT HEIGHTS/DARKNESS/SMALL SPACES/PREGNANCY/ BEHAVIOUR OR EMOTIONAL PROBLEMS.)

☐ Yes ☐ No

DECLARATION:

1) I will inform the appropriate leader as soon as possible of any changes in the medical, mental or surgical treatment including anaesthetic or blood transfusions, as considered necessary by the medical authorities present. 2) Any medical costs not covered by ACC or a Community Services Card will be paid by me. 3) If I am involved in a serious disciplinary problem, including the use of illegal substances and/or alcohol, or actions that threaten the safety of others, I understand that I will be sent home at my expense.

PRINT NAME:

SIGNATURE:

DATE: (DD/MM/YYYY)