

If you're between the ages of 12-112, you're invited to **Papsda Man Camp**. The official dates are 6-8 August at Tui Ridge Park, Rotorua.

Man camp is an awesome opportunity to hang with the guys, eat good food, worship together, and to have heaps of fun. You can choose to be as active or as inactive as you like.

At Man Camp we are operating on 'free choice'. You can choose to do as much or as little as you like. Eating and Sleeping are always free!

WHERE: Tui Ridge Park, 260 Anderson Road, Rotorua—staying in the cabins.

DATES: 6-8 August 2021

WHO FOR: All Guys between the ages of 12-112.

COST OF CAMP: \$70 per person. This cost includes accommodation. Entry into Waikite thermal pools and a BBQ Lunch.

REGISTRATIONS: Please return your completed Registration Form & Health Form to: Papsda

Community Church, PO Box 23-231, Hunters Corner, Auckland 2155. Alternatively you can hand in your Registration Form & Health Form to the church Office or hand it in to Guest Central. For internet payments, please use the following account no: 12-3028-0537532-00. Use your **name** and **Man Camp** as the reference. **CAMP FEES:** The camp fees are payable by 6 August. Payment options are available. Please talk to us—we don't want anyone to miss out! Please contact Ricky Ryan on 027 4949 432.

WHAT TO BRING:

- Bedding + pillow (Beds/mattresses are provided).
- A BBQ lunch on Saturday will be provided. **Please bring your own food for breakfast, lunch and dinner. You have the option to share with your cabin buddies! A communal kitchen and BBQ are available. Takeaways are an option on Saturday night.**
- Clothing for 2-3 days and a spare set

(remember it's very cold at night).

- Swimming gear (hot pools on Saturday night).
- Torch.
- Toiletries and any specific medicines required.
- Plastic Bag for wet/dirty washing.
- Towels x 2.
- Walking Shoes.

TRAVEL: Man Camp will be open from 6:00pm. Friday, 6 August. Feel free to arrive any time after that.

EMERGENCY CONTACT: In case of emergency, please contact either Ricky Ryan on 027 4949 432 or Richard Newson 021 562 607.

For more information please contact Ricky Ryan on 027 4949 432.

2021 MAN CAMP REGISTRATION

Use one form per participant please

PARTICIPANT CONTACT DETAILS: (Please print clearly)

Surname:	<input type="text"/>	First Names:	<input type="text"/>
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> or... Male	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 to Man Camp?	<input type="checkbox"/> <input type="text"/>
			<input type="checkbox"/> I belong to Papsda

FIRST EMERGENCY CONTACT INFORMATION: (Must be completed)

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

SECOND EMERGENCY CONTACT INFORMATION: (Must be completed)

Surname:	<input type="text"/>	First Names:	<input type="text"/>
Relationship to participant:	<input type="text"/>	Email:	<input type="text"/>
Home Phone:	<input type="text"/>	Mobile Phone:	<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 minimise 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 recognise 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.

PRINT NAME:	<input type="text"/>
SIGNATURE:	<input type="text"/>
(if under 18yrs, parental permission/signature is required)	
DATE: (DD/MM/YYYY)	<input type="text"/>



TUI RIDGE PARK, ROTORUA

2021 MAN CAMP 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
- Nose Bleeds
- Dizzy Spells
- 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/ BEHAVIOUR OR EMOTIONAL PROBLEMS.)

Yes No

PRINT NAME:

SIGNATURE:

(if under 18yrs, parental permission/signature is required)

DATE: (DD/MM/YYYY)

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.