

# Medical Details

Emergency contact person

Name .....

Phone (h) .....

(w) .....

Medicare no. ....No. ....

Expiry .....

Have you had a tetanus injection? YES / NO

If yes, when? .....

Do you have any health problems that the leaders should be aware of? YES / NO

If yes, please give details

.....

.....

Do you have any special diet requirements YES / NO

If yes, please give details .....

.....

.....

Do you give permission for CYC to give panadol if required? YES / NO

# Camper Declaration

My Child applies to attend this camp, and if accepted, agrees to observe the camp regulations. I understand that while Christian Youth Camp staff and leaders will take all care, they will not accept responsibility for any illness, accident or damage which may occur to them or their property. In the event of an emergency, illness or injury, I give consent to the leaders to obtain medical treatment, and agree to pay for any medical or hospital attention. I will contact the camp if my child is unable to attend and realise the cancellation fee will apply.

If you **don't** want your child's photo to be used on the CYC website or on promotional material please inform the Camp Co-Ordinator in writing.

Signature .....

(Parent / Guardian)

Date .....

This information will be handled in accordance with CYC's Privacy Statement which can be viewed at: [www.cycsa.org.au/privacy](http://www.cycsa.org.au/privacy)

# About The Campsite

El Shaddai is situated 32km south east of Murray Bridge, just 2km from Wellington. Only a 5 minute walk to the Murray, where a variety of activities can be enjoyed including canoeing and water skiing.

Camper's enjoy different activities such as, rock climbing, eight ball, archery, ball games, trampolines, tarzan swing and table tennis.

All Activities are well supervised. Our camps are staffed with a director, concerned with the overall running of the camp and a program director who ensures an enjoyable program. There are cabin leaders who care for small groups of campers, as well as a study leader who challenges and discusses relevant life topics.

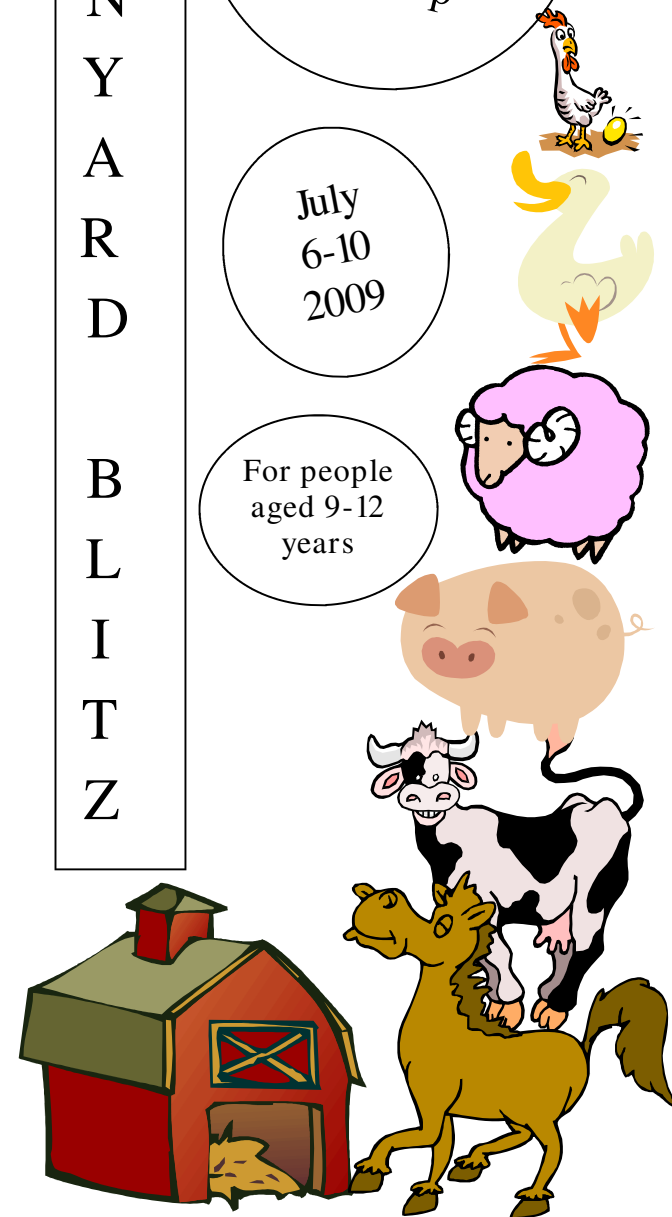
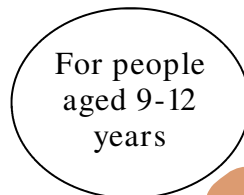
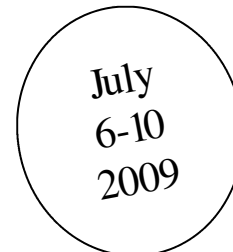
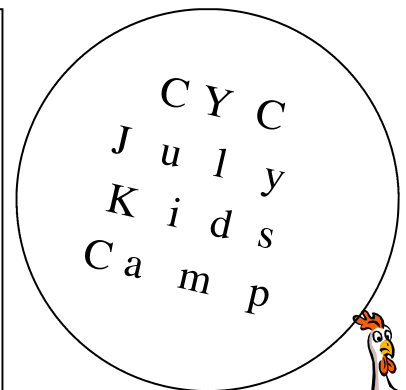
Our aim is to improve the quality of life for each camper through an interesting and fun time.

# Standards for better camping

We ask all campers to observe the following

- ◆ No alcohol or drugs
- ◆ No weapons
- ◆ No MP3'S, ipods, gameboys etc
- ◆ No smoking
- ◆ No girls in boys dorms and vice versa
- ◆ No Mobile Phones

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Camp fees are \$175 but if you get your form in before the cut off date we will give you a \$10 discount making your fees just \$165!!!

# CYC July Kids Camp July 6-10, 2009

When: Monday July 6—July 10, 2009

Who: Children aged 9 – 12

Where: At El Shaddai Campsite (near Taillem Bend)

What: Rock Climbing, archery, giant swing, lots of Farmyard fun, activities and challenges.

Cost: \$10 discount for the 2nd and subsequent child from the same family. \$10 canteen voucher to campers who have been before and bring a new camper with them.

Name of new camper: \_\_\_\_\_

Child Care: CYC is a registered child care provider. You may be entitled to child care benefits whilst your child is on camp.

Directors: Programme Director Helen Mills  
Study Leader Tim Nicholls

CAMP CLOSES: Return application form with full fees to  
Camps Co-ordinator  
RMD 4062  
Wellington 5259

NO LATER THAN  
WEDNESDAY 24th June

## KIDS CAMP APPLICATION FORM

Name .....

Date of birth .....

Gender: Male / Female

Address .....

Suburb .....

Post code .....

Email .....

Phone (home) .....

Church (if applicable) .....

Have you been to a cyc camp before? YES / NO

One person you would like to share a room with .....

I will be travelling to El Shaddai on the free CYC bus from  
Gepps Cross [ ] Cumberland Park [ ]  
Make my own way there [ ]

## PAYMENT DETAILS

Please make cheques payable to:  
Christian Youth Camps of SA inc  
or pay by credit card, please debit my card  
in the amount of \$ .....

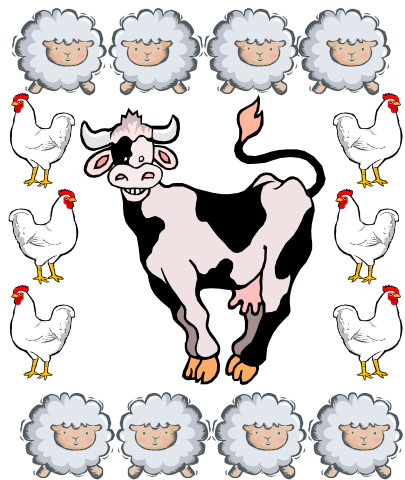
Cardholder's name .....

Card number ..... / ..... / ..... / .....

Expiry date ..... / .....

Cardholder's signature .....

[ ] I Require a Child care receipt



**EL SHADDAI**  
  
**CHRISTIAN YOUTH CAMPS**  
 OF SOUTH AUSTRALIA INCORPORATED  
 EL SHADDAI CAMPING CENTRE,  
 RMD 4062 WELLINGTON S.A. 5259.  
 PHONE (08) 8572 7262 FAX (08) 8572-7135  
 ABN 86857437624