

AUTHORISATION AND AGREEMENT

I declare that I have read the information regarding 'Youth Leadership Convention' to be held on 27th February till the 1st of March 2009. I also understand that it is a condition of participation to accurately complete the Health Record above.

I have been informed of the nature of the activities and understand that there may be an element of risk involved. I agree to be responsible for taking the time to learn safety techniques and the proper use and limitations of the equipment I will be using. I acknowledge I may refuse to participate in any part of the activity I feel apprehensive about, (if this does not endanger myself or the other participants and leaders)

I agree that if I suffer injury or illness, the organisers can arrange medical treatment and emergency evacuation services, as the organisers deem necessary for my safety or well being.

In signing this document I am aware that there may be some risks involved and choose to participate based on this understanding. I agree to accept this risk, and release to the full extent permitted by law, the AUSTRALASIAN CONFERENCE ASSOCIATION LIMITED ACN 000 003 930) and/or the SEVENTH-DAY ADVENTIST CHURCH (GREATER SYDNEY CONFERENCE) LIMITED and its employees and agents from responsibility for any injuries which I may suffer as a result of my participation in the programs and activities at 'Super Camp (Junior and Teen)'.

In the event of accident or illness, I authorise the leaders to consent, where it is impractical to communicate with me or my parents (if under 18), for me to receive an x-ray examination, anesthetic, medical, surgical or hospital treatment as may be deemed necessary by a licensed physician and/ or surgeon. I also authorise to engage such treatment.

I agree to pay the appropriate fees for such and any ambulance or other emergency transportation costs, which may be required. I agree to meet the expense of me being returned home, by the leaders accompanying me and then rejoining the group. I understand that such an arrangement may be necessary due to illness, injury, or if, in the opinion of the leaders, non-cooperation of any description or the inability to meet the rigors and requirements of the activity. I agree to attend on this understanding.

Completion of this form is acknowledgement that you agree to be filmed, photographed or recorded by the event organisers and that you will have no claim over any future use of such material, whether used for promotional or commercial purposes.

Name of participant _____

Signature _____

Date _____

Parent/Guardian approval MUST be given for participants under 18 years

Name of Guardian _____

Signature _____

Date _____

Return form to:



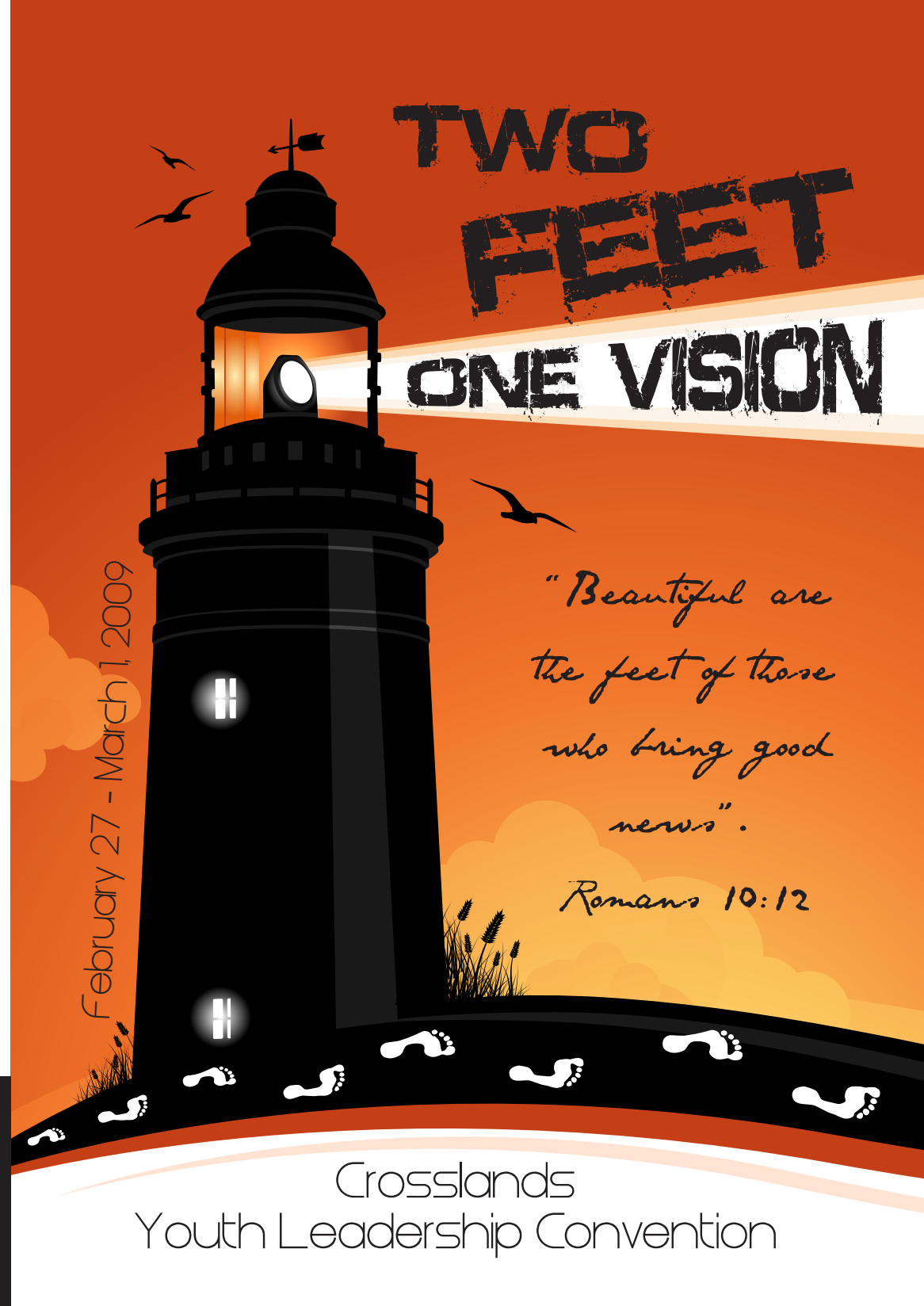
GSC Youth Ministries
4 Cambridge Street
EPPING NSW 2121



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Who, When and Where: ● ● ● ● ●

- Youth Pastors, Youth Leaders, Youth Team members and young people passionate in serving God.
- February 27 - March 1, 2009 (Registration at 5pm Friday. Dinner is served at 6pm).
- Crosslands Youth & Convention Centre, Crosslands Rd, Crosslands



Special Guest

Steven Rajcany is the Chief Executive Officer at Dudley Private Hospital, Orange, NSW.

Appointed to the position of CEO in March 2008, at age 30, Steven is the youngest CEO in the Ramsay Group. He graduated with a Bachelor of Nursing, from Avondale College, worked in WA at the Karalundi Aboriginal Education Centre, Westmead Private Hospital, The San, and Port Macquarie where he worked as a Nursing Unit Manager.

After completing his Master of Health Management through the University of Wollongong in 2005, Steven was accepted into the Ramsay Health Care Future Leaders Program in 2007 a leadership training program specifically designed for aspiring, up and coming executive leaders.

Steven is married to Tara and they have two children Cooper and Mackenzie.

Steven lives by the motto found in 1 Timothy 4:12: Don't let anyone make fun of you, just because you are young. Set an example for other followers by what you say and do, as well as by your love, faith, and purity. (CEV)

"I truly believe that this verse applies to every aspect of your life – personally, professionally and spiritually!"

Steven Rajcany | CEO

Topics covered will include:

- Giving and Receiving Mentoring
- Faith Beyond the Youth Group
- Spiritual Renewal and Empowering
- Ministry to Hurting Teens, Youth, their Family and Communities
- Plus much more...

Special Features:

- Open Forum on Sabbath Afternoon of Q+A Time
- Workshop electives for both Teens and Young Adult Ministry

What to Bring:

- Bible, Pen & Notebook
- Everyday Clothes
- Sabbath Clothes
- Hat, Sunscreen & Swimmers
- Pillow & Sleeping bag
- Toiletries & Bath Towel
- Sneakers & Warm Jacket
- Insect Repellent
- Torch

Cost

Breakdown • 1/3 sponsored by the Conference • 1/3 sponsored by the church • 1/3 to be paid by you.

YOUTH LEADERSHIP CONVENTION

DETAILS OF PERSON REGISTERING

DETAILS OF PERSON REGISTERING

Title ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other

First Name _____ Surname _____

Address

Suburb

State Postcode

Phone - Daytime _____ Mobile _____

Phone - Home _____ Church _____

Email Gender ☐ Male ☐ Female

HEALTH To participate you **MUST** provide your Medicare Details.

DOB Medicare Number

Other Health Care Fund Details

• Please indicate which answer is correct.

- | | | | | | |
|-----------------------------------|------------------------------|-----------------------------|------------------------------------|------------------------------|-----------------------------|
| 1. Heart Problems | <input type="checkbox"/> yes | <input type="checkbox"/> no | 11. Respiratory Problems | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 2. Travel Sickness | <input type="checkbox"/> yes | <input type="checkbox"/> no | 12. Phobias | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 3. Operations | <input type="checkbox"/> yes | <input type="checkbox"/> no | 13. Recent Illnesses | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 4. Migraines | <input type="checkbox"/> yes | <input type="checkbox"/> no | 14. Blackouts | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 5. Fits, Epilepsy, etc | <input type="checkbox"/> yes | <input type="checkbox"/> no | 15. Asthmatic | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 6. Diabetic | <input type="checkbox"/> yes | <input type="checkbox"/> no | 16. Restrictions on Activities | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 7. Bedwetting | <input type="checkbox"/> yes | <input type="checkbox"/> no | 17. Special Diet | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 8. Disability | <input type="checkbox"/> yes | <input type="checkbox"/> no | 18. Medication Required | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 9. Drug Reactions (ie penicillin) | <input type="checkbox"/> yes | <input type="checkbox"/> no | 19. Allergies (ie bee stings/nuts) | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 10. Can You Swim? | <input type="checkbox"/> yes | <input type="checkbox"/> no | 20. Last Tetanus Booster – Date: | | |

• If you answer "yes" to items 1-18, please supply full details below. If additional space is needed please attach a separate piece of paper.

We cannot process your registration without a complete application

- ☐ **EARLY BIRD \$99**
(received by 18/2/09)
- ☐ **REGULAR FEE \$120**
(received by 20/2/09)
- ☐ **LATE FEE \$115**
(received after 23/2/09)
- ☐ **DAY RATE**
\$30 (includes one meal)

ADDITIONAL MEAL (\$10 each) ☐ FRIDAY ☐ SATURDAY ☐ SUNDAY

REFUND POLICY: Payment is not refundable for applicants that do not attend. Prior notice must be received before 24/02/09

PAYMENT METHOD

Credit Card Number	Expiry Date	Cheque/Money Order <input type="checkbox"/>
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Credit Card Name	Cardholder's Signature	Visa <input type="checkbox"/>
<div style="border: 1px solid black; width: 300px; height: 40px;"></div>	<div style="border: 1px solid black; width: 300px; height: 40px;"></div>	Master Card <input type="checkbox"/>

OFFICE USE ONLY
DR

PAID

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