

# MEGA POWER

TO YOUR SPIRITUAL LIFE

23 DECEMBER 2011- 1 JANUARY 2012

ELIM HEIGHTS YOUTH CAMP

YOU'RE INVITED

[www.sdarm.org.au/mega-power](http://www.sdarm.org.au/mega-power)

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POWER

## Information Pack

We look forward to seeing you at the “Mega Power” Youth Camp Organized by the Youth Department of the Australasian Union Conference of the Seventh Day Adventist Reform Movement. To ensure your safety please complete the attached forms and present it on arrival.

# Code of Conduct & Camp Rules

***This Youth Convention is organised by the AUC Youth Department for the spiritual encouragement and social enjoyment of all who attend. To uphold the standards of the Bible and for the safety of all who attend we request that you respect the following code of conduct and camp rules.***

## **Safe Vehicle Habits:**

- No unlicensed drivers permitted to drive on the campgrounds.
- Drive at walking pace during the camp.

Take special care to watch out for little children.

- No motor-bike activities during the camp.
- Camp vehicles and machinery not to be driven by unauthorised or unlicensed persons.

## **Good Reputation:**

- No alcohol, drugs, smoking.
- No unsavoury or unchristian language (this includes swearing).
- No physical contact recreation, amusements or "undue familiarity".

## **Dress Code:**

- For the sake of each, consider dignity, self-respect and reputation:

### ***Female:***

- Modest and respectful dress (eg. No clothing that is revealing, shorts, slacks, offensive slogan T-shirts).

### ***Male:***

- Modest and respectful dress (eg. No shorts, bare chest, offensive slogan T-shirts).

## **Recreation:**

Innocent group activities may be appreciated and enjoyed by all when in good taste remembering your high calling. Children under 12 are the responsibility of parents or guardians at all times.

## **Specific attention is drawn to:**

- Keeping the grounds and your room or tent hygienically clean and tidy at all times.
- Using the LIMITED RAIN-WATER sparingly. Report leaking taps, showers or running toilet systems.
- Parents must act responsibly for their own children's whereabouts and conduct.
- All are expected to attend and support the activities scheduled. If unable to attend any of the planned activities, please report to camp organisers.
- Curfew 10:00 pm to 6:00 am. Out of respect for your neighbours and children requiring proper rest, be in bed before 10:00 pm lights out.
- Music practice and presentations will be limited to sacred, spiritual music free of heavy rhythm.

- Activities are to be non-competitive and of a non-dominating spirit.
- Respect the “male only” or “female only” bunkhouses or tent areas, or disciplinary measures will be taken.
- Observe instructions given by special announcement.

## **EXPULSION**

The following will result in immediate expulsion from camp:

- Persistent and deliberate anti-Christian conduct.
- Unsafe or immoral conduct.
- Drugs, alcoholic drink, smoking.

## **Safety Measures:**

Snakes are known to be around the Camp area – leave them alone. The greatest risk is when a snake is cornered with no escape route and with groups of people around. Snakes are dangerous.

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# Disclaimer

## ***Statement of Health and Indemnity***

Please fill in your details and read through the statement below. Sign, date and print your name below the first statement. If you are under 18, your parent/guardian is required to read through the second statement and sign, date and print their name.

Attendee's Details – Please print:

**Full Name:** -----

**Postal Address:** -----

I have read this disclaimer on the proposed 2011 Australasian Union Conference Youth Convention. My signature below indicates my willingness to attend and participate in the proposed 2011 Australasian Union Conference Youth Convention. I agree to follow all reasonable instructions given by the Camp Leaders. I believe that I am physically able to attend and that my condition of health will not be detrimentally affected by attending and participating in all activities and workshops.

Where every precaution shall be taken to ensure my good welfare and protection, Australasian Union Conference Youth Department, its management, staff members, camp leaders, employees or any person acting in their behalf are hereby released from any and all liability in the event of accident or misfortune that may occur to me or any damage to my property.

In the event of a medical emergency, if I am unable to make a decision, I hereby give permission to the doctor chosen by the Australasian Union Conference Youth Department, its leaders, staff or associates, to secure proper treatment for and/or order hospitalisation, injection, anesthetic, or surgery for me. I understand that every effort will be made to contact the person named on the Medical Information Form prior to instituting such procedures.

If I suffer from heart problems, allergies, muscular/skeletal conditions, diabetes, epilepsy, fainting, headaches, general bad health conditions or other, I understand that I am required to fill in the Medical Information Form that is found on the last two pages of this publication and send it to the named address.

I ACCEPT ALL THE CONDITIONS LISTED ABOVE.

**Signed:** ----- **Full Name:** -----

**Date:** ----- **Need to fill in Medical Information Form:** -----

***Under 18 year olds: Your parent/guardian's signature is required, please turn over.***

**IF YOU ARE UNDER 18 YEARS OF AGE, WE ALSO REQUIRE THE SIGNATURE OF YOUR PARENT OR GUARDIAN BELOW.**

I as parent/guardian of the child named above give full consent that she/he, attend and participate fully in the activities associated with the proposed 2011 Australasian Union Conference Youth Convention.

I have read this disclaimer on the proposed 2011 Australasian Union Conference Youth Convention. I agree that my daughter/son/ward should follow all reasonable instructions given by the Camp Leaders. I believe that my child's condition of health will not be detrimentally affected or worsened by attending and participating in all activities or workshops.

Where every precaution shall be taken to ensure my daughter/son/ward's good welfare and protection, Australasian Union Conference Youth Department, its management, staff members, camp leaders, employees or any person acting in their behalf are hereby released from any and all liability in the event of accident or misfortune that may occur to my daughter/son/ward or any damage to their property.

In the event of a medical emergency, I hereby give permission to the doctor chosen by the Australasian Union Conference Youth Department, its leaders, staff or associates, to secure proper treatment for and/or order hospitalization, injection, anesthetic, or surgery for my daughter/son/ward. I understand that every effort will be made to contact me prior to instituting such procedures.

If my daughter/son/ward suffers from heart problems, allergies, muscular/skeletal conditions, diabetes, epilepsy, fainting, headaches, general bad health conditions or other, I understand that I am required to fill in the Medical Information Form found on the last two pages of this publication and send it to the named address.

I, AS PARENT/GUARDIAN OF THE ABOVE NAMED CHILD ACCEPT ALL THE CONDITIONS LISTED ABOVE.

**Signed:** ----- **Date:** -----

**Parent/Guardian's Name:** ----- **Contact Number:** -----

# Medical Information Form

## Confidential Medical Information

TO BE COMPLETED IN FULL – PLEASE PRINT

If you are under 18, your parent or guardian must fill this in.

Name: -----

Address: -----

P/code: -----

Date of Birth: -----

Suburb: -----

Home Ph: -----

Passport No: -----

Emergency Contact: -----

Medicare No: -----

Card Expiry Date: -----

Expiry Date: -----

Phone: -----

Card Ref. No: -----

Private Health Fund: -----

Family Doctor: -----

Date of Last Tetanus Booster: -----

Membership No: -----

Phone: -----

Do you (or your child) suffer from, or are limited in your participation in activities, by any of the following? If YES, please provide details (eg. Medication, treatments, triggers, etc.)

1. Heart Problems - *Please tick*  Yes  No -----

2. Respiratory Conditions

a) Asthma Yes  No  -----

b) Other Yes  No  -----

3. Allergies:

a) Food Yes  No  -----

b) Drugs Yes  No  -----

c) Environmental Yes  No  -----

4. Muscular/Skeletal Conditions:

a) Back Problems Yes  No  -----

b) Sprains, Dislocations Yes  No  -----

c) Other Yes  No  -----

5. Diabetes Yes  No  -----

6. Epilepsy Yes  No  -----

Continued on next page...

# Medical Information Form Continued...

7. Fainting

Yes

No

8. Headaches

Yes

No

9. Other – Please List

Yes

No

Other Illnesses, Operations or Hospitalization experienced in the last 12 months: \_\_\_\_\_

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Special Dietary Needs (Please provide details, eg. Diabetic, food allergies, etc. Note: Vegan/Vegetarian meals will be provided.) \_\_\_\_\_

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Swimming Ability - Please tick

**STRONG** (50 m+)

**AVERAGE** (25 m unaided)

**POOR** (10 m unaided)

**NON**

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