



**11TH FIJI MISSION PATHFINDER CAMPOREE
COURAGE TO CONQUER
VATULA, BURELEVU, RA | 4TH - 8TH DEC 2018**



INDIVIDUAL APPLICATION FORM

(Complete and return this form to your Club Director – together with your fees)

PERSONAL INFORMATION

Surname: _____ First Name: _____ Middle Name: _____

D.O.B: ___/___/___ Gender: M F Phone Contact: (M) _____ (P) _____

Residential Address: _____ Email Address: _____

Religious Affiliation: _____

CLUB INFORMATION

Pathfinder Club: _____ District: _____

Please tick the appropriate box:

Pathfinder(s)

- Friend
- Companion
- Explorer
- Ranger
- Voyager
- Guide

- Junior Counsellor
- Counsellor
- Deputy Director
- Club Director
- Cooks

Passport Number: _____ Insurance Receipt Number: _____

MEDICAL INFORMATION

<i>(please circle where appropriate)</i>		
1.	Respiratory Problems	YES/NO
2.	Travel Sickness	YES/NO
3.	Phobias	YES/NO
4.	Recent Illnesses	YES/NO
5.	Migraine	YES/NO
6.	Blackouts	YES/NO
7.	Fits/Epilepsy	YES/NO
8.	Asthmatic	YES/NO
9.	Diabetic	YES/NO
10.	Are you able to swim	YES/NO
11.	Disability	YES/NO
12.	Bedwetting	YES/NO
13.	Drug Reactions (ie pencillin)	YES/NO

<i>(please tick circle appropriate)</i>		
14.	Restriction on Activities	YES/NO
15.	Special Diet If Yes: Specify _____ _____	YES/NO
16.	Medication Required If Yes: Specify _____ _____	YES/NO
17.	Allergies If Yes: Specify (Food/Medica- tion) _____ _____	YES/NO
18.	Last Tetanus Booster If Yes : Specify date _____	YES/NO
19.	Heart Problems If Yes: Specify _____ _____	YES/NO
20.	Operations If Yes: What operation and When? _____ _____	YES/NO

PAYMENTS METHOD

Bank Deposit Cash Payments at the Mission Treasury Department

Bank Details : Bank - BSP, Account Number - 82139775 , Account Name - FIJI MISSION SDA CAMPS.

DUE DATE FOR CAMPOREE FEES CAMP FEES: \$75.00 : 31ST OCTOBER, 2018

(This includes, T-Shirts, Bags, Caps, Water Bottle, Writing Pen, Folder, Wrist Band and Administrative Cost)

No application will be accepted after 31st October.

T-SHIRT SIZE (Indicate your size X)

CHILDREN SIZE						ADULT SIZE							
S12	S14	S16	S	M	L	S	M	L	XL	2XL	3XL	4XL	

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship to you: _____

Mobile Number: _____ Email: _____

CONSENT AND RELEASE

I declare that I have read the information regarding the Fiji Mission – Courage to Conquer Camporee to be held on 4-8th December, 2018. I also understand that it is a condition of participation to accurately complete the Medical Information and Consent and Release for Camporee. I am aware that a Camporee involves a range of normal Pathfinder challenge activities.

I understand that there is an element of risk involved. I agree to be responsible to understand and follow the safety guidelines for each activity and to follow the instructions of the activity leaders. I acknowledge I may refuse to participate in any part of the activities I feel apprehensive about, (if this does not endanger myself or other participants and leaders).

I agree that if I suffer injury or illness, the organisers will make every effort to contact the parent/guardian/next of kin by way of the details provided should such a situation arise, and can arrange medical treatment and emergency evacuation services, as they deem necessary for my safety or wellbeing.

I am aware, in signing this document, of the risks and demanding nature of the Fiji Mission – Courage to Conquer Camporee and am willing to accept these risks and agree to release, to the full extent permitted by law, the FIJI MISSION OF THE SEVENTH-DAY ADVENTIST CHURCH and/or its employees and agents from responsibility for any injuries which I may suffer as a result of participation in this event.

I understand that video footage and/or photographs may be taken of participants during the Fiji Mission – Courage to Conquer Camporee and used during the program and in news bulletins, reports, and to promote future events.

Name of Participant: _____ Signature of Participant _____ Date: _____

Name of Parent/Guardian: (if participant is under 16) _____

Signature of Parent/Guardian: (if participant is under 16) _____ Date: _____

Parent's contact Phone Number in case of emergency _____

FOR OFFICIAL USE ONLY

Date received ____/____/____

Signature: _____