

## What to Bring

- A 2 man Canadian Canoe (between 2 people)
- PFD (Life Jacket)
- Water Container
- Small, light-weight tent
- Cooking & Eating Utensils
- Waterproof matches
- Food for the duration of the trip
- Bible
- Casual & Warm Clothes
- Shoes & Reef Booties (no thongs allowed)
- Swimming togs
- Hat & Sunglasses
- Sleeping Gear
- Towel
- Personal Toiletries & Basic 1st Aid Kit
- RID, Sunscreen & Lip Balm
- Toilet paper & small trowel
- Torch
- Gloves (optional)

Perforated Line

## Terms & Conditions

**COSTS:** \$280... includes GST, limited supply of fresh water, fuel for tender boats, camping permit & an expedition patch.

**CANCELLATIONS:** A fee of \$50.00 per person will apply to any cancellations made after May 26, 2009. No refund will be given after June 10, 2009 unless due to medical reasons. Registration is transferable to another child.

**PROCESSING OF APPLICATIONS:** We are unable to process your registration without full details and payment (Unless prior arrangements have been made). Please note that there are limited places available so it is wise to get your application in early

**TRANSPORT:** You will need to make arrangements to car pool with other pathfinders from your local area. Participants will need to meet at the starting point on Saturday night June 27th & can be picked up on Sunday July 5th. More details will come on this at a later stage.

**PRE-REQUISITES:** All participants **MUST** have at least the intermediate swimming honour & the Canoeing Honour

All information is correct at time of printing. Teen Expedition organisers reserve the right to change any of the published details if deemed necessary.

Please retain this section of the form for your own records

## Consent & Release

I declare that I have read the information regarding Teen Expedition. I also understand that it is a condition of participation to accurately complete the Medical Record.

I understand that this event will be captured by both still photography and video footage. I give permission to the Seventh-day Adventist Church (South Queensland Conference) Department of Youth Ministries to use this material for future promotional purposes  
 YES     NO

In the event of accident or illness I authorise the Expedition Director to consent, where it is impractical to communicate with me (parent/guardian), for my child 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 that if my child suffers any injury or illness, the organisers can arrange medical treatment and emergency evacuation services, as the organisers deem necessary for my child's safety or well being.

I agree to pay the appropriate fees for such and any other emergency transportation costs, which may be required. I agree to meet the expense of my child being returned home and then rejoining the group (if fit to return). I understand that such an arrangement may be necessary due to illness, injury, or if, in the opinion of the Expedition Director, non-cooperation of any description or the inability to meet the rigors and requirements of the activity.

In signing this document I am aware that there may be some risks involved for my child and choose to allow them to participate based on this understanding. I agree to accept this risk, and release to the full extent permitted by law, the SEVENTH-DAY ADVENTIST CHURCH (South Queensland Conference) LIMITED and its employees and agents from responsibility for any injuries which my child may suffer as a result of their participation in the programs and activities at Teen Expedition.

I agree for my child to attend on this understanding.

Parent/Guardian approval **MUST** be given

Name of Parent/Guardian: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### CLUB RECOMMENDATION

\_\_\_\_\_ has completed the intermediate swimming &

Canoe honours. They are a member of the \_\_\_\_\_

club of which I am a director and I recommend them as a member

of the 2009 Pathfinder Canoe Expedition.

Name of Club Director: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Teen Application

**CLASS (Circle)** Ranger    Voyager    Guide

**Gender (Circle):**    Male                  Female

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ P/C \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Mobile:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**DOB:** \_\_\_\_\_ **Club:** \_\_\_\_\_

I would like to be in the same unit as:\*  
 \_\_\_\_\_

\* Preference is not guaranteed

## Payment Details

# \$280

**Returned Applications **MUST** be accompanied with **FULL** payment**

(See terms & Conditions for more information)

### PAYMENT METHOD

Cash     Cheque/Money Order     Visa     Master Card  
Make Payable to the Seventh-day Adventist Church

Do You require a receipt to be posted out to you?     YES     NO

Credit Card

□□□□    □□□□    □□□□    □□□□

Expiry Date

Cardholders's Name (as listed on the card)

□□ / □□

\_\_\_\_\_

Cardholder's Signature

\_\_\_\_\_

## Medical

Emergency Contact: \_\_\_\_\_

Ph: \_\_\_\_\_ Mob: \_\_\_\_\_

Medicare (including position listed on card)

Other Health Care Fund Details

Please indicate which answer is correct.

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

If you answered 'yes' to any questions (except 'Can you Swim') please supply full details on the lines below. If additional space is needed please attach a separate piece of paper

\_\_\_\_\_  
\_\_\_\_\_

I, the undersigned, agree to the spirit and ideals of the camp and will cooperate with the leaders throughout the camp

Name of Participant: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## What's The Plan?

- Paddle beautiful locations & discover the wonder of the QLD coast
- Learn how to use a paddle to cool off hot canoe-ers & then use it to make a fast get-away!
- Camp on sandy beaches, collect shells, play touch football in the sand, build up- per body strength
- Listen to some awe inspiring stories from our expedition chaplins
- Worship our Lord Jesus in His nature's chapel and receive a little foretaste of what Heaven will be like

## Application Deadline

May 11, 2009

## To Register

Send Applications with all money to:

Department of Youth Ministries  
Sth Qld SDA Conference Office  
19 Eagle Terrace  
BRISBANE QLD 4000

Phone: 07 3218 7777  
Fax: 07 3236 1305

Email: AnnaDowning@adventist.org.au

# Pathfinder Teen Canoe Expedition 2009

"Follow Me"

June 27 – July 5

# Teen Application Form