

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.

Name of Participant: _____

Signature: _____ Date: _____

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

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: _____

Staff Application

JOB (Circle) Junior Counsellor Staff

Gender (Circle): Male Female

Name: _____

Address: _____

City: _____ P/C _____

Phone: _____

Mobile: _____

Email: _____

DOB: _____ **Club:** _____

I would like to counsel with:*

* 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 am interested in (licence permitting) helping as a:

(Please tick)

- | | |
|---|--|
| <input type="checkbox"/> Canoe Instructor | <input type="checkbox"/> Counsellor |
| <input type="checkbox"/> Boat Driver | <input type="checkbox"/> Doctor |
| <input type="checkbox"/> Boat Crew | <input type="checkbox"/> Nurse |
| <input type="checkbox"/> Land Crew | <input type="checkbox"/> Expedition Chaplain |

Please list any extra skills (Musical etc) that may be of use on Teen Expedition:

What's The Plan?

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

Extra Info

Do You have / Are you Able (Please tick)

- | | | |
|--|------------------------------|-----------------------------|
| Blue Card | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| If Yes Please list Registration Number _____ | | |
| Life Saving / Bronze Medallion | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Boat Licence | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Nurse Registration | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Current 1st Aid Certificate | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Canoeing Honour | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Your own Canoe | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| A spare seat in your canoe? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Transport to and from teen expedition | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Spears seats to and from teen expedition | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| If Yes, how many? _____ | | |
| To tow a trailer or canoe trailer | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Have you attended a previous expedition | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| If Yes, which one? _____ | | |
| Please list any extra skills (eg Musical) that may be of use on Teen Expedition: _____ | | |

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

Applications close: 11th May 2009

Pathfinder Teen Canoe Expedition 2009

"Follow Me"

June 27 - July 5

Staff Application Form