

# Synod Social Justice Family Camp 2016



**Adekate Lodge**

**Creswick Dean Road, Via Creswick VIC 3363.**

**Friday 11 - Monday 14 March 2016**

A joint activity of Justice and International Mission Unit and the Centre for Theology & Ministry,  
Children & Families Ministry Uniting Church in Australia, Synod of Victoria and Tasmania.



## “The personal is political: prayer and social justice”

How do our prayers affect the world? At this year's camp you will be invited to experience prayer in body, movement, contemplation and social action. Together we'll look at how prayer can be transformative in our lives and in creating a more just world.

**Where:** Adekate Lodge  
Creswick Dean Road,  
Via Creswick VIC 3363.  
Ballarat 15 km, Melbourne 130 km.  
Melway 627 C3, VicRoads Country Directory 58 H9.

There are three separate lodges with rooms that each sleep 6.  
Toilets and showers are in a separate block.

**When:** 7pm Friday 11 March until 1pm Monday 14 March

**Cost:** Adults \$100 or \$50 for one night  
Children (under 16) \$75 or \$40 for one night  
Children 3 years and under free  
Maximum cost per family \$400  
(Please note these are subsidised costs to make it as affordable for families as possible.)

**Catering:** We will do our own catering with everyone bringing food to contribute.  
You will receive more detailed information about this on registration.

### To register contact:

- Register online: [ucavt.goregister.com.au/ssjfamilycamp2016](http://ucavt.goregister.com.au/ssjfamilycamp2016)
- [explore@ctm.uca.edu.au](mailto:explore@ctm.uca.edu.au) or call 03 9340 8815.
- Via post: please fill in the attached form and send to:  
Synod Social Justice Family Camp 2016  
Centre for Theology & Ministry  
29 College Cres, Parkville VIC 3052

**Registrations close Thursday 3 March 2016**

**For more information contact**

**Cath James 03 9251 5279; 0438 504 394 or [cath.james@victas.uca.org.au](mailto:cath.james@victas.uca.org.au)**

Please fill out a separate form for every attendee. Photocopy as required or download form from <http://ctm.uca.edu.au/>

**Please forward your registration form to:**  
**Synod Social Justice Family Camp 2016 Centre for Theology & Ministry**  
**29 College Cres, Parkville, VIC, 3052**  
**Fax: 03 9340 8805 By 3 March 2016**

First Name ..... Last Name .....

I have a Working with children check and my WWC number is .....

Date of Birth.....

Parents attending family camp .....

Other family members attending the camp.....

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**Contact Details**

See my parents registration form for my contact information

*Email* .....

*Address*.....

*Phone*..... *Mobile* .....

**Emergency Contact Details (Not attending the camp)**

See my parents registration form for my emergency contact details

Name .....

Relationship to participant .....

Address .....

Phone .....

Mobile .....

AUTHORISATION: The following is to be signed by parent/guardian if participant is under 18 years, or by the participant if 18 years or older.

I, the undersigned, am willing that I/my child (if under 18) participate in the Synod Social Justice Family Camp from 11-14 March 2016. I understand the nature of the activities at the event will include, but may not be limited to, games, budget accommodation, communal eating, communal cooking and swimming and that risks may arise during these activities.

I HEREBY AUTHORISE the leader in charge of the event in which I am/my child is involved to consent, where it is impracticable to communicate with me, to my child/myself receiving such medical or surgical treatment as the leader may deem necessary at any time during the event. I further authorise the use of ambulance and/or anaesthetic by a qualified medical practitioner if in his/her judgement it is necessary. I accept responsibility for payment of all expenses associated with such treatment.

Signed: ..... Date:.....

The information below is requested to assist in case of any illness or accident, and will be held in confidence.

a) Please indicate if you/your child suffers from any medical condition:

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b) Please indicate what (if anything) you/your child are/is allergic to:

Medical (eg penicillin, band aids) .....

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Food (eg peanuts, wheat).....

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c) Dietary requirements (Please specify e.g. vegetarian, gluten free) .....

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**Payment Details**

**TAX INVOICE**

Upon completion and payment this document becomes a tax invoice for GST purposes. Please photocopy and retain for your records.

I am paying just for me

I am paying for my entire family No. adults ..... x \$100  
 No. Children (u16)..... x \$75  
 No. under 3's..... x \$0

I am/My family are not staying over for the whole camp  
 Please indicate which night/s  Friday  Saturday  Sunday

No. adults ..... x \$50 per night  
 No. Children (u16)..... x \$40 per night  
 No. under 3's..... x \$0 per night

Maximum family amount \$400

I enclose \$.....

I am paying by:  cheque/ money order (made payable to Uniting Church in Australia)  
 credit card (Mastercard/Visa) - complete details below

Name on card .....

Card no. .... /..... /..... /.....

Expiry date ..... /..... Signature .....