

DETAILS... PC4U 2016

A group of leaders will take bible studies, worship, games, craft, and activities

Our theme for 2016 is **Believe, B +ve, B You**. We will be thinking about making faith our own and finding confidence in that.

Start - Friday 11 March @ 7pm
Finish - Monday 14 March @ 2pm

Cost: \$140

We encourage congregations to sponsor their youth

Start time is 7pm, No early arrivals please!
Dinner is not provided on Friday, please eat before you arrive!

Gear to remember:

1. Bible, notepad/book and pen
2. Bathers and towel
3. Sleeping bag and pillowcase or sheet, doona and pillowcase
4. Towel and personal toiletries
5. Drink bottle and small backpack
6. Sunscreen and hat
7. Clothes suitable for outdoor activities
8. A warm coat
9. Sturdy shoes for hiking
10. Musical instruments welcome
11. An outfit for 'A Hero We Want to Be' night!

VENUE

Venue: Norval House, Halls Gap

Location: Halls Gap

Website: www.uccamping.org.au/norval_home.html

Located centrally within the spectacular Grampians National Park, Norval offers a wide range of adventure and environmental activities both on site and in the surrounding area.

Norval

204- 232 Grampians Road, Halls Gap 3381

Phone 03 5356 4241

Melways page 620 D11

email: norval@uccamping.org.au

MORE INFORMATION

Email: youth@horsham.unitingchurch.org.au

Phone/text: 0429 881 238 (Susan)

Please register before
Friday 26th February, 2016

**Hosted by the Uniting Church
Presbytery of Western Victoria**

Watch or Download the Promo Video Here
<http://tiny.cc/pc4u2016>



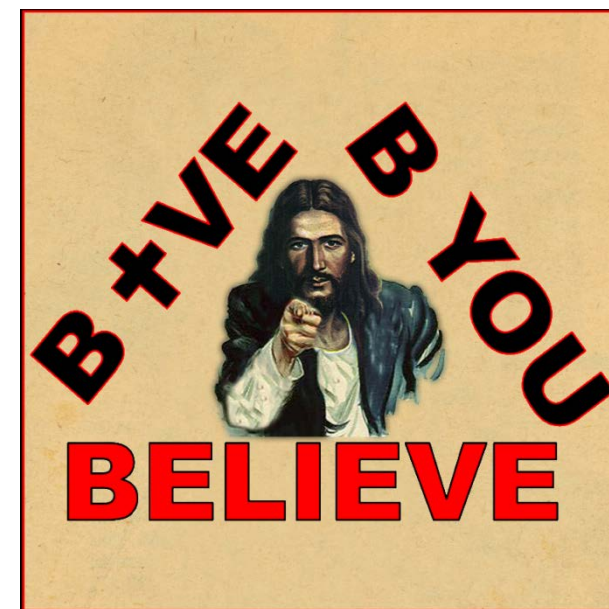
PC4U

Youth Camp

Presbytery of Western Victoria
Uniting Church Camp for
Secondary School Age Youth & Grade 6

March 11-14, 2016

Norval House, Halls Gap



Contact

Ps Susan Hobbs - 03 5388 1237

Rev Linley Liersch - 03 5382 6378

youth@horsham.unitingchurch.org.au

REGISTRATION

Must be returned to us by 26th Feb 2016!!!

Name:

Address:

Post Code:

Home Phone:

Mobile:

Date of Birth: / /

Year at School*: M/F:

Email:

Church:

Room Mate Request:
(please note there are NO guarantees)

*The camp is aimed at those in school years 6 to 12.

PAYMENT

1. Please make Cheques payable to: **Presbytery of Western Victoria Youth Camp.**

2. Direct Deposit BSB: 033-605 A/C:39-1033
Please include camper's **first initial and surname** as the reference.

Send registration to:

PC4U

c/- Horsham Uniting Church
10 Pynsent St
Horsham VIC 3400



MEDICAL

In case of emergency contact:

Contact Name:

Home Phone:

Mobile:

Relationship to Camper:

Medicare Number:

Private Health Insurance Provider and Number:

Date of last tetanus immunisation:

Family Doctor:

Doctor Phone:

Are there any mental or physical disabilities, allergies or health problems that are likely to affect you/your child on the camp? Please specify:

1. Are you/your child taking any medication? Y/N
If yes, please specify name and dosage:

2. Special dietary requirements: (eg. vegetarian, gluten free)

AGREEMENT

I, the undersigned, agree that I/my child will participate in the 2016 PC4U camp. I understand the nature of the activities at the Camp may include (but may not be limited to) hiking, swimming, games, kyaking, dormitory accommodation, communal eating, dancing and that risks may arise during these activities.

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

Please tick boxes:

- I understand that every effort will be made by the leader firstly to contact me in the event of any illness or accident.
- I confirm the particulars given on the medical form are correct.
- I agree to my child being transported in the vehicle of leaders over the age of 25 yrs.
- I/my child agree to abide by the rules and guidelines of the Camp leadership team and participate in all aspects of the Camp program.
- By signing this form the camper agrees to follow all the leader's instructions, so that camp will be enjoyable and safe. Failure to do so will require parents to collect child from the Camp.
- I agree for my/my child's photograph to be taken at the Camp and distributed to camp attendees and displayed at Church.

(Parent/guardian to sign also if camper under 18)

Parent/Guardian:

Camper:

Date: