

Frontline youth and Young Adults summer CAMP

Dear Young Adult,

Please fill out the following information attached in this letter:

- Transport Info
- Horse Riding Activity
- Confidential Medical Form

Please return to Life Ministry Centre by handing it to the LMC office, or send to PO Box 553 Lilydale 3140, as soon as possible!

Thanking You,

Nicole Falzon & Chris Blacker

Name: _____

TRANSPORT INFORMATION

Mode of Transport: · Bus · Driving by Car

Own car or someone else's? _____

If you are driving by car, are you able to take extra passengers? · No · Yes. If Yes, how many _____

When are you planning on arriving at Camp: Day _____ Approx Time _____

When are you planning on leaving Camp: Day _____ Approx Time _____

HORSE RIDING ACTIVITY

As with last year, this year there is the option of going horse riding with *Coonawarra Trail Rides*. Both owners are accredited with the Association of Horsemanship Safety and Education Inc. The horse riding activity will last an hour and is an additional cost of \$30 per person. It will take place on the Coonawarra Resort property.

Do you wish to go horse riding at Camp? · Yes · No

If yes, please indicate the level of horse riding experience you have:

· Never ridden before · Ridden a few times · Experienced rider

Please indicate how you wish to pay for horse riding:

· Pay cash on the day · Pay now via Credit Card

CC No: _____ / _____ / _____ Expiry Date: _____ / _____

Name on card: _____ Signature: _____

CONFIDENTIAL MEDICAL FORM

Name: _____

Dietary Requirements: · Vegetarian · Gluten Free · Other _____

Food Allergies _____

Do you suffer from Asthma? · Yes · No

Major illness or disability _____

Medications _____

Allergies to medication _____

Medicare No _____

Ambulance Fund Subscriber · Yes · No

Private Health Cover · Yes · No

(If yes, what fund?) _____

Emergency Contact (*Mother*) _____

Home _____ Work _____ Mobile _____

Emergency Contact (*Father*) _____

Home _____ Work _____ Mobile _____

Emergency Contact (*other than Parent/Guardian*) _____

Relationship to Camper _____ Phone _____
