



Cry Salvation
Adventurer Camporee Application Form
April 7 - 12, 2020

Olbury, St. Phillip, Barbados

Cost: US\$70 per Participant

Deadline for Initial Applications and Payment is November 30th, 2019

After November 30th, 2019 until January 15th, 2020 US\$80

Deadline for FINAL Applications and full payment: January 15th, 2020

Participants from outside the Union Territory: US\$100 per Participant

NB - All applications should be sent to your Local Conference Youth Director, with payment no later than 15th January, 2020. Please note there will be no refunds.

A. Conference/Mission:			
B. Country:			
C. CARU Staff <input type="checkbox"/> Conference/Mission Official <input type="checkbox"/> Club Staff <input type="checkbox"/> Master Guide <input type="checkbox"/> Adventurer <input type="checkbox"/>			
D. Club Name:			
E. Mr./ Mrs./ Miss			
First_Name:	Middle Name:	Surname:	
F. Date of birth: ____/____/____ DD MM YYYY			Age: _____ Gender: M <input type="checkbox"/> F <input type="checkbox"/>
G. Address:			
H. Telephone: Home:		Mobile:	Email
I. T-Shirt Size Kids: 6 <input type="checkbox"/> 8 <input type="checkbox"/> 10 <input type="checkbox"/> 12 <input type="checkbox"/> 14 <input type="checkbox"/> Adults: XS <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> 1XL <input type="checkbox"/> 2XL <input type="checkbox"/> 3XL <input type="checkbox"/> 4XL <input type="checkbox"/>			

J. Medical Information

Please tick if you have/have had any of the following:

- Rheumatic Fever Hay Fever Travel/ Motion Sickness Asthma
- Heart Trouble Epilepsy Fainting Spells Hernias
- Kidney Disease Diabetes Anaemic High Blood Pressure Sickle cell anaemia
- Surgery within last six months Implants or prosthetic devices
- Other -----

Are you taking any kind of medication? Yes No

If yes please give name of drug and dosage details.

Do you have any known allergies (e.g. to foods, medicines, vaccines, environmental etc.)

Yes No

If yes, please give details,

Do you have any disabilities that the organisers should be aware of? Yes No

If Yes, please specify. (e.g. Deaf, blind, visually impaired, autistic, Asperger's etc.)

Emergency Contact Details

Title.....First Name.....

Surname.....

Relationship to Child

Daytime Contact No..... Evening Contact.....

Email:..... Mobile.....

Parental Consent: Every person under 18 must have a parent or guardian in Attendance.

I hereby give permission for my child/ward _____ to attend the CRY SALVATION 2020 Camporee and to take part in the activities arranged. I agree to notify the leaders should there be any change to the information given on the application form. I do hereby state that said child is physically and medically able to participate in the Camporee activities. I do hereby release and discharge the Caribbean Union Conference of Seventh-day Adventists and all of its affiliate Missions and Conferences and its authorized representatives and staff from all liability of any kind and character upon any claim, demand, or cause of action which might be asserted in behalf of said minor and/or myself against the Seventh-day Adventist Church, representatives, or staff. Furthermore, in the event of an accident, if said staff or representatives are unable to contact the undersigned or if expediency demands it, I hereby grant permission to said staff or representative to administer first aid, and/or to take the applicant to a medical facility for treatment.

Signed: _____

Printed Name: _____

Relationship to applicant: _____

Date: ____/____/____
DD MM YYYY

Parent/Guardian Attendance: Every Adventurer 4-9 years old must be Attended by a Parent or Guardian.

I _____ am the Parent/Authorised Guardian of _____ . I shall be in Attendance with my Child/Ward at the CRY SALVATION 2020 Camporee and will take part in the activities arranged. I agree to notify the leaders should there be any change to the information given on the application form. I do hereby state that both I and the said child is physically and medically able to participate in the Camporee activities. I do hereby release and discharge the Caribbean Union Conference of Seventh-day Adventists and all of its affiliate Missions and Conferences and its authorized representatives and staff from all liability of any kind and character upon any claim, demand, or cause of action which might be asserted in behalf of said minor and/or myself against the Seventh-day Adventist Church, representatives, or staff. Furthermore, in the event of an accident, if said staff or representatives are unable to contact the undersigned or if expediency demands it, I hereby grant permission to said staff or representative to administer first aid, and/or to take the applicant to a medical facility for treatment.

Signed: _____

Printed Name: _____

Relationship to applicant: _____

Date: ____/____/____
DD MM YYYY