

# CEBS ~ THE ANGLICAN BOYS' SOCIETY



ABN: 35 401 108 990

(Diocese of Brisbane)  
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**PRESIDENT**  
The Archbishop of Brisbane

Telephone (07) 3835-2220

## CEBS~THE ANGLICAN BOYS' SOCIETY

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12<sup>th</sup> National Camp Director  
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23 November 2001

### 12<sup>TH</sup> NATIONAL CAMP POINTRO at MAROON DAM WED 2<sup>ND</sup> JAN - THU 10<sup>TH</sup> JAN 2002

**Who can come?** All children who turn 10 years and six months of age as at 2<sup>nd</sup> Jan 2002 or who are older.  
**LEADERS:** Male or Female 18 years or older, who are accredited leaders of the Society and are acceptable to their State body.

**Cost:** Camp Fee is \$375.00 per person if paid by Wed 31<sup>st</sup> October 2001.

**Deposit:** Deposit of \$50.00 to be paid by 31st March 2001.  
The camp fee includes accommodation, meals, transport during the camp and activity fees. Cost does not include transport to and from the National Camp

**How to apply:** Complete all parts of this application form that should be signed by parents and/or a guardian and the camper. The application form should then be countersigned by the Branch Governor or Parish Minister and forwarded together with a cheque or money order made payable to:

**CEBS BRISBANE**  
12<sup>th</sup> National Camp 2002  
49 Hatfield Street  
BANYO QLD 4014

Acknowledgment of receipt of your application will be made by way of a monthly camp bulletin which will be issued to each registered camper and leader. Applications received after the closing date of 31<sup>st</sup> October 2001 will not be guaranteed a place. The camp is limited to the first 150 applicants. Further applicants will be placed in a reserve list.

**Withdrawal:** If, after making application, you are unable to attend the National Camp you must advise the Camp Director, 49 Hatfield Street, BANYO, QLD 4014 in writing, as soon as possible. The following withdrawal penalties will apply:

<u>Withdrawal received:</u>	<u>Fee withheld:</u>
31 <sup>st</sup> Mar 2001 - 31 <sup>st</sup> Oct 2001	\$25.00
1 <sup>st</sup> Nov 2001 and thereafter	\$50.00

Special consideration will be given to withdrawals caused by exceptional circumstances after the penalty dates.

**Transport:** To be arranged with State Contingent Leader

#### CAMP INFORMATION

Sea World or Dream World or Movie World - climb & hike in Mount Barney National Park - visit O'Reilly's in Lamington National Park - Day at The Gold Coast - Day trip to Brisbane - surfing, abseiling, water skiing, tobogganing, sailing, canoeing, hiking, pioneering and more

#### ELIGIBILITY - ALL APPLICANTS

Must be physically fit, reach the minimum age and be immunised against Tetanus.  
Must be recommended by their Branch Governor or Minister as suitable members of the State Contingent.  
Must be prepared to commit to the observation of all camp rules and also prepared to accept the consequences of not doing so. Rules are made to enable ALL participants, CEBS and leaders, to enjoy the camp.

#### THINGS TO BRING

air mattress . . . . .	1	pocket & lunch money (max \$100) . . . . .	\$50
bath towel . . . . .	1	You will be required to buy lunch on the day trip to Brisbane and the theme parks.	
beach towel (chamois towel) . . . . .	1	raincoat . . . . .	1
*Bible . . . . .	1	shorts . . . . .	2
spare broad brimmed hat . . . . .	1	single sheet . . . . .	1
*camera . . . . .	1	singlet . . . . .	4
CEBS uniform shirt . . . . .	1	sleeping bag . . . . .	1
clothes pegs . . . . .	10	small notebook . . . . .	1
day hike pack (no frame) . . . . .	1	*song book . . . . .	1
*film . . . . .	qty	spare torch batteries . . . . .	qty
garbage bags (dirty clothes) . . . . .	2	*spare camera batteries . . . . .	qty
hair brush or comb . . . . .	1	*spare batteries for walkman . . . . .	qty
insect repellent cream . . . . .	1	sunscreen cream . . . . .	1
large sporting bag for all gear . . . . .	1	swimming trunks . . . . .	1
long sleeve shirts . . . . .	2	T-shirts . . . . .	4
long trousers . . . . .	2	teatowel . . . . .	1
metal cup . . . . .	1	toiletries bag . . . . .	1
metal knife, fork & spoon . . . . .	1	toothbrush . . . . .	1
metal mess kit (bowl & plate) . . . . .	1	toothpaste (small) . . . . .	1
pairs of sandshoes . . . . .	2	torch . . . . .	1
pairs of socks . . . . .	4	underpants . . . . .	4
pencils . . . . .	2	water bottle (1 litre) . . . . .	1
*personal walkman . . . . .	1	woollen jumper . . . . .	1
pillowslip . . . . .	1	<i>*(these items are optional)</i>	

#### YOU ARE NOT TO BRING

GHETTO BLASTERS, AEROSOL SPRAYS (except for medical reasons), MATCHES or LIGHTERS, VIDEO GAMES, SWEETS, SHEATH KNIVES, CIGARETTES, ALCOHOL. Branches are asked to bring an easily portable banner of their Branch. NOT THE USUAL PARADE BANNER.

#### DO YOU REMEMBER THE 11<sup>TH</sup> NATIONAL CAMP IN PERTH 1999?



The Anglican Church of Australia - Diocese of Brisbane  
The Corporation of the Synod of the Diocese of Brisbane  
St Martin's House, 373 Ann Street, (GPO Box 421) Brisbane, 4000.  
23 November 2001

Tel: (07) 3835 2222  
Fax: (07) 3831 1170

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Surname		Given Names		Preferred Name	
Home Address No	Street Name		Suburb/Town	State	Post Code
Date of Birth	Age on 2 <sup>nd</sup> Jan 2002 yrs mths	Male ± Female ±	Telephone Number (including area code)	Branch	Diocese
Hat size in cms	Email Address		Theme Park Preference (1 <sup>st</sup> to 3 <sup>rd</sup> ) Sea World    Movie World    Dream World		
Previous State or National Camp experience				Amount of this payment \$	
<b>EMERGENCY CONTACT</b>  Give information applicable at the time of the National Camp	NAME		Relationship to Applicant		Post Code
	ADDRESS		Telephone numbers Home                      Work		

**Leaders only to complete**

Leader Development level achieved .....

Position in Branch / Diocese / State / National .....

Occupation .....

(Please circle one.) I wish to be placed - with any group / Juniors / Intermediates / Seniors.

My skills are .....

I would be prepared to help with .....

**HEALTH STATEMENT** Provision for your welfare will be made according to information supplied in this section. Please tick boxes or circle responses and answer as fully as possible. Include any limitations the person may have in attempting the activities at the camp. Do you suffer from any of the following? If YES, give details, including names of drugs and how often administered.

	YES	NO	DETAILS
1 Allergy - Drugs			
2 Allergy - Food			
3 Allergy - Insects			
4 Allergy - Other			
5 Asthma			
6 Diabetes			
7 Epilepsy			
8 Heart Condition			
9 Migraine			
10 Sleepwalking			
11 Mental Disability			
12 Physical Disability			
13 Other			

Will you be carrying medicine/tablets/drugs/aid on your person? Details?  YES  NO

.....

Do you wear a Medic Alert bracelet/medallion?  YES  NO

Have you any special food requirements? Specify?  YES  NO

Date of last Tetanus immunisation (The applicant must be currently immunised against Tetanus.) .....

Medicare No.	Private Health Fund Name
Ambulance Fund No.	Private Health Fund Number

**INDEMNITY, AUTHORITY AND AGREEMENT**

This indemnity should be signed by the applicant. If under 18, parents or guardians are required as well. (Both parents or guardians to sign where possible.)

(I \_\_\_\_\_,) or (As a parent / guardian of \_\_\_\_\_,) I give my consent for my child / myself to participate in the CEBS 12<sup>th</sup> National Camp. I agree to delegate my authority to the leaders and instructors involved. Such leaders and instructors may take whatever disciplinary action they deem necessary to ensure the safety, well being and successful conduct of the group, or individuals in any Camp activity. I further authorise qualified medical practitioners to administer an anaesthetic or to carry out necessary surgical procedures, if such an eventuality arises, and accept the due costs. I give my consent for the above persons, local Doctor or medical specialist, to be contacted in an emergency. I understand that the information requested in the health information section of this application will be considered as confidential by the Camp organisers and will be treated accordingly. I also understand that any health information given, will not prevent any person from taking part in outdoor activities unless further medical advice warrants exclusion and that the information is sought in order to protect and assist people so that the activity may be safe and enjoyable experience.

**PARENTS OR GUARDIANS**  
I request that you consider my child / self for selection to attend the 12<sup>th</sup> National Camp. I agree to pay the Camp Fee and I enclose the necessary deposit. The Health Statement has been completed correctly to the best of my knowledge. I agree to abide by the above statement of Indemnity, Authority and Agreement.  
PARENTS OR GUARDIANS TO SIGN HERE

..... DATE / /

**APPLICANT (CEB)**  
I wish to be considered for selection to attend the 12<sup>th</sup> National Camp. I agree to abide by the rules and regulations for the 12<sup>th</sup> National Camp.

Signature of Applicant ..... DATE / /

**WATER SPORTS ACTIVITIES**  
I give my consent for my child / self to participate in all water activities.  
My child is a    9 good 9 fair 9 poor swimmer and can swim \_\_\_\_\_ metres

PARENTS OR GUARDIANS TO SIGN HERE

..... DATE / /

N.B. Poor swimming ability will not exclude your son from water activities. Life jackets will be worn at all times for all activities in the dam.

**APPLICANT (Leader)**  
I wish to attend the 12<sup>th</sup> National Camp and I agree to abide by the rules and regulations for the camp.

Signature of Applicant ..... DATE / /  
(The Leaders Code of Conduct, for signing, will be sent out with the deposit receipt)

BRANCH GOVERNOR or MINISTER

..... DATE / /

**Strive to survive. Christ is alive in you.**