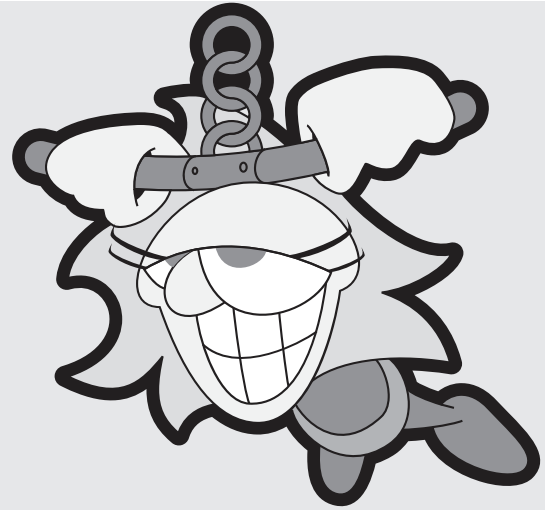




**CEBS**



**The Anglican Boys' Society, Australia**

# 14th NATIONAL CAMP

**VICTORIA, JANUARY 2008**

**Sun January 13th – Sat January 19th**



*Follow in the footsteps of famous Victorian explorers as CEBS, from all over Australia, gather at Bindaree for an adventure from the lush hills of The Yarra Valley to Melbourne and on to historic Ballarat.*

*Rejoice that the Lord has given us an opportunity to reunite our CEBS friends throughout Australia.*

# CEBS NATIONAL CAMP

Sunday 13th January:

- \* Midday arrival and lunch
- 1145 Healesville/Koo-wee-rup Road, Woori Yallock, 1.5km from township, 60km from Melbourne via Warburton highway (approx 65 minutes drive from Melbourne).
- \* Room allocation, welcome etc
- \* Other activities

Monday 14th Friday 18th January:

- \* Activities at Bindaree including:
- \* Mountain bike ride along Warburton trail
- \* Initiatives activities
- \* Rock climbing wall
- \* Trip to Badger's Weir
- \* Night games
- \* Concert/campfire

Tuesday 15th January:

- \* Breakfast, then drive to Melbourne.
- \* Morning tea in gardens near the IMAX/Melbourne Museum
- \* IMAX movie
- \* Melbourne Museum
- \* Melbourne Aquarium
- \* Check into Adventure's Hostel and Dinner
- \* Evening at Luna Park

Wednesday 16th January:

- \* Breakfast at Adventurer's Hostel
- \* Tram to Southern Cross station then
- \* Train to Ballarat (Gold rush Special), Day at Sovereign Hill, train back to Melbourne
- \* Dinner at Adventurer's Hostel
- \* Night Market.

Thursday 17th January:

- \* A zone 1 Metcard will be purchased for each person
- \* Breakfast at Adventurer's Hostel
- \* Tram and river ferry to Science Works
- \* Ferry to Williamstown and sailing trip on the "Tall Ship".
- \* Ferry back to Melbourne and drive back to Bindaree
- \* Dinner at Bindaree
- \* Night programme

Friday 18th January:

- \* Activities at Bindaree including:
- \* Mountain bike ride along Warburton trail
- \* Initiatives activities
- \* Rock climbing wall
- \* Trip to Badger's Weir
- \* Night games
- \* Concert/campfire

Saturday 19th January

- \* Farewell for another 3 years
- \* See you again in 2011

Who can come:

All children (boys and girls) who have turned at least 10 years of age in 2008. Leaders, male and female, 18 years or older, who are accredited leaders of the Society and are acceptable to their State body.

Cost:

Camp fee is \$300.00 per person and a \$100 is payable by Fri 21st December 2007. Balance of fees payable by Fri 4th January 2008. The camp fee includes accommodation, meals, transport during the camp and activity fees. Fee does not include any expenses incurred in getting to or from the National Camp.

How to apply:

Complete all parts of this application form that must be signed by parents and / or guardian and the camper. The application form is then to be countersigned by the CEBS Branch Leader or Minister and forwarded together with a cheque or money order made payable to:

CEBS 14th National Camp, 2008  
c/o Mr. Graeme Nicholls  
93 Torres Street NEWBOROUGH, VIC 3825  
Phone (03) 5127 2929  
[www.cebs-australia.com.au](http://www.cebs-australia.com.au)

Acknowledgement of receipt of your application will be made and further information provided as to what to bring, more detailed timetable, etc. Applications received after 21st December, 2007 will not be guaranteed a place. The camp is limited to the first 50 applicants. Further applications will be placed on a waiting list.

Withdrawal:

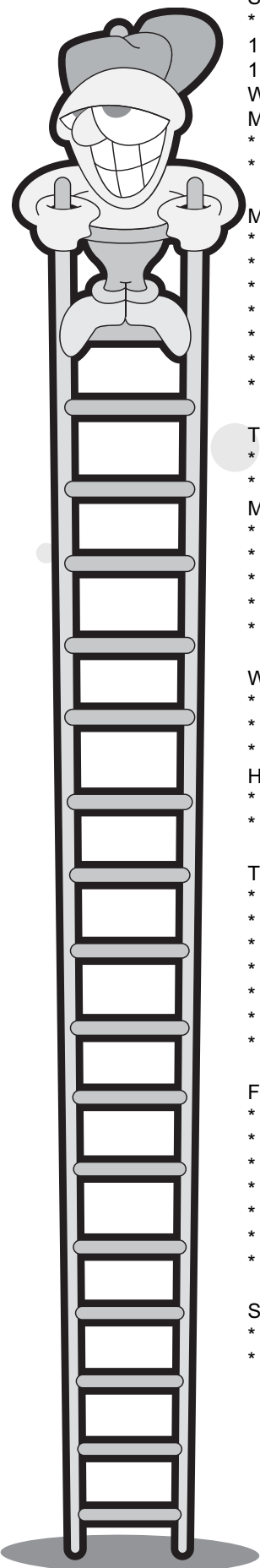
If after making application you are unable to attend the National Camp you must advise the Camp Director at the above address in writing, as soon as possible. Special consideration will be given to withdrawals caused by exceptional circumstances.

Transport:

To and from the camp is to be arranged by your State Tour Leader.

Leaders:

Must be approved by their Diocesan bodies and meet appropriate Child Protection Protocols (including current CRC's). Parents and Sisters: You are welcome to attend and participate in the camp program (minimum age turning 10 in 2008). The same fees apply for all.



# application form

Surname

Given Names

Preferred Name

Home Address No

Street Name

Suburb/Town

State

Post Code

Date of Birth

Age on 31st Dec 2008

Male

Telephone Number

Branch

Diocese

yrs

mths

Female

(including area code)

Email Address

## EMERGENCY CONTACT

Give information applicable at the time of the National Camp

Name

Relationship to Applicant

Post Code

Address

Telephone numbers (including area code)

Home

Work

## LEADERS ONLY TO COMPLETE

Leader Development level achieved \_\_\_\_\_

Position in Branch / Diocese / State / National \_\_\_\_\_

Occupation \_\_\_\_\_ Working with children clearance info: \_\_\_\_\_

(Please circle one) I wish to be placed with Juniors / Intermediates / Seniors / with any group Current Senior First Aid: Yes / No

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 Behavioral Disorder			
14 Other			

# application form

Will you be carrying medicine/tablets/drugs/aid on your person? Details? \_\_\_\_\_

Have you any special food requirements? Specify? \_\_\_\_\_

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 14th 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 14th 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:

Signed \_\_\_\_\_ Name \_\_\_\_\_ Date \_\_\_ / \_\_\_ / \_\_\_

### APPLICANT (CEB)

I wish to be considered for selection to attend the 14th National Camp. I agree to abide by the rules and regulations for the 14th National Camp.

Signature of Applicant \_\_\_\_\_ Name \_\_\_\_\_ Date \_\_\_ / \_\_\_ / \_\_\_

### WATER SPORTS ACTIVITIES

I give my consent for my child / self to participate in all water activities.

My child is a  good  fair  poor swimmer and can swim \_\_\_\_\_ metres

Parents or Guardians to sign here:

Signed \_\_\_\_\_ Name \_\_\_\_\_ Date \_\_\_ / \_\_\_ / \_\_\_

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

Permission for Photographs taken to be used for publicity purposes.

Signature of Parent / Guardian \_\_\_\_\_ Date \_\_\_ / \_\_\_ / \_\_\_

### APPLICANT (Leader)

I wish to attend the 14th National Camp and I agree to abide by the rules and regulations for the camp.

Signature of Applicant \_\_\_\_\_ Name \_\_\_\_\_ Date \_\_\_ / \_\_\_ / \_\_\_

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

### BRANCH GOVERNOR or MINISTER

Signed \_\_\_\_\_ Name \_\_\_\_\_ Date \_\_\_ / \_\_\_ / \_\_\_