Devonport Church of Christ Generations Camp 2026 – Registration Form
Please fill in the following information and return by
Friday 11th September to register for camp.

devonport church of christ

Student Information		
Student 1 Name:		☐ Néos Youth ☐ BZ ☐ BZ Day
☐ Please tick if there are special diets – Camp Clayton requires a special diet form filled out for every person attending with dietary requirements		
Student 2 Name:		☐ Néos Youth ☐ BZ ☐ BZ Day
☐ Please tick if there are special diets – Camp Clayton requires a special diet form filled out for every person attending with dietary requirements		
Student 3 Name:		☐ Néos Youth ☐ BZ ☐ BZ Day
☐ Please tick if there are special diets – Camp Clayton requires a special diet form filled out for every person attending with dietary requirements		
Student 4 Name:		☐ Néos Youth ☐ BZ ☐ BZ Day
☐ Please tick if there are special diets – Camp Clayton requires a special diet form filled out for every person attending with dietary requirements		

Emergency Contact Information - *Please provide details in case of an emergency*			
Parent/Guardian			
1st Contact number:		2nd Contact Number:	
Alternate Contact Name:			
1st Contact number:		2nd Contact Number:	

Are there any medical issues we need to be aware of for your child(ren) incl. medication? All medication sent to camp must be handed to leaders at sign in and have a note detailing dosage, times and any other information
If yes, please provide details of symptoms, management procedures and relevant child's name:

Consent (Please sign below to provide your consent)

I consent to the leaders acquiring for this child medical services necessary in the event of an emergency; and agree to pay all associated medical expenses incurred on behalf of this child.
I give permission for my child to participate in Camp activities that may include but are not limited to: walking around the local camp area (Turners Beach), bonfires, ball sports and others. I understand that a waiver form is required for participation on Camp Clayton activities (facilitated by Camp Clayton staff).
I understand that if the leaders of the camp call me at any time during camp and ask that I pick up my child due to sickness, discipline issues or an emergency I will ensure that they are picked up as soon as possible.

_____ _____ _____

Parent / Guardian Name: Signature: Date:

At Children and Youth Events photos or videos may be taken. These media items may be used in sensitive & appropriate ways for promotional material of the church. This includes but is not limited to, brochures, websites, PowerPoint presentations, displays, advertising and other printed/electronic material. ***If you do NOT give permission for your child's picture to be used in this way then please contact us on the details below***

For any issues or questions regarding these policies please contact our Youth team.

Office – 6424 3441 Email - generations@devonportcoc.com.au

OFFICE USE ONLY
Deposit: $_____
Remaining: $_____