



BLUE LIGHT YOUTH LEADERSHIP CAMP

Applicant Personal Details

First names		Last name	
<input type="text"/>		<input type="text"/>	
Male <input type="checkbox"/>	Female <input type="checkbox"/>	Age <input type="text"/>	Date of Birth <input type="text" value="DD / MM / YYYY"/>
Address <input type="text"/>		Ethnicity <input type="text"/>	Email <input type="text"/>
Suburb <input type="text"/>		Mobile <input type="text"/>	School/course attending <input type="text"/>
City <input type="text"/>	POSTCODE <input type="text"/>	Shirt size <input type="text"/>	<input type="text"/>

Parent / Caregiver Details

First names		Last name	
<input type="text"/>		<input type="text"/>	
Address <input type="text"/>		Email <input type="text"/>	<input type="text"/>
Suburb <input type="text"/>		Contact Phone <input type="text"/>	<input type="text"/>
City <input type="text"/>	POSTCODE <input type="text"/>	Mobile <input type="text"/>	Occupation <input type="text"/>

Medical / Dietary

Full disclosure of potential medical issues is necessary to ensure your safety, the safety of others, and quality course outcomes for all. Medical conditions will not necessarily exclude you from the course as long as the condition can be appropriately managed. Please **note** any medical conditions you have and any medication that you are currently using. Please also advise any **dietary** requirements.

I declare that the information given in this form is true and complete to the best of my knowledge. I accept that the possibility of injury is inherent in undertaking physical activity. I will not hold Blue Light responsible for any injury or loss associated with me attending this program. I give permission for Blue Light to take all responsible action to seek medical attention should I require it at my own expense. Blue Light regularly produces materials to profile its various programs and services to the community. Blue Light reserves the right to use these materials which include media releases and publications. At times these materials contain stories and photos of clients.

Applicant's signature: _____ Applicant's parent/caregivers signature: _____ Date: _____

Cost for Camp \$500 inc gst PAYMENT OPTIONS: (Please tick)

1. Cheque: NZ Blue Light 2. Direct Credit: Please pay to - ASB 12-3136-0032865-00 3. Credit Card:

Card Number:

Expiry date: ____/____/____ CVV: _____ Cardholders Name: _____ Cardholders Signature: _____

Please return completed application with payment to: Blue Light Ventures
P O Box 102-199, North Shore
Auckland, 0745

LEADERSHIP POSITIONS HELD (EXAMPLE: CAPTAIN OF NET BALL TEAM, CLASS CAPTAIN, STUDENT COUNCIL, KAPA)

Leadership Position

Organisation / School

Leadership Position

Organisation / School

NEW ZEALAND BLUE LIGHT VENTURES CONTACT DETAILS

Return the completed application forms by email to:

Contact: National Youth Leadership Course Coordinator
Email: programmes@bluelight.co.nz

BLUE LIGHT CO-ORDINATOR TO COMPLETE BELOW SECTION

Date Received:

Application Approved:

Yes

No

Camp Assigned to:

Taupo, Monday 20 January – Friday 24 January 2020