



**Amputees
Federation**
of New Zealand
Incorporated

GIVE IT A GO! AMPUTEE YOUTH CAMP

for 16-30 year olds

including

National Conference *

Novotel Hotel
Cnr Hobson & Leach Streets
NEW PLYMOUTH
(06 769 9579)

7-9 APRIL 2017

PROGRAMME APPLICATION and REGISTRATION

Funding for travel and accommodation is available. However, there is a limit on the number of participants and acceptance will be at the discretion of the organisers.

* Conference Programme & Registration form available separately

CONFERENCE and GIVE IT A GO! PROGRAMME

Friday Evening 7 April

Official Opening by Mr Neil Holdom, Mayor of New Plymouth followed by "Mingle & Greet"

71st National Council Meeting

Saturday 8 April

A full day of activities include

- High/low ropes
- Abseiling/Bridge swing
- Rafting

Evening

Dine and enjoy the band "Midlife Crisis" (Western theme)

Sunday Morning 9 April

Sponsors' Slot

The Paralympics over the Years - Ken Sowden
Operations Manager, Parafed Canterbury

Meet some of our Paralympians

Sharing with GIAG!

Complete the Application Form
(Note that Section B must be completed if you are under 18)
and return by Saturday 4 March
(Late Applications will not be accepted)

Travel Arrangements will be made for you.
Complete the section on page 3.

APPLICATION FORM

(Complete and return, together with payment as on p6
by Saturday 4 March 2017)

SECTION A (To be completed by all applicants)

If you are under the age of 18, Section B (page 5) must be
completed by your parent or guardian.

Name

Address
.....

Phone/Mobile

Email

Date of Birth

Amputation

Please indicate your fitness level

Note: AFNZ will take no responsibility for any injury, harm or distress
etc. incurred during events.

Please also take special note of conditions of participation as in
Section B of this application.

TRAVEL

We will book and pay for your air travel. Please indicate below
the preferred times of departure from your home town on Friday
7 April. Return bookings will be made on Sunday 9 April from mid
afternoon on.

.....

We appreciate the support of Ossur - our GIAG Sponsor

SECTION A (cont.)

(to be completed by all applicants)

Emergency contact person

Emergency contact number (mobile preferred)

Emergency doctor’s name and number

Do you suffer from any medical, physical, emotional or behavioural conditions which might affect your safety or that of others during the programme? If so, please specify.

.....
.....

Are you currently undergoing any forms of medical or psychological treatment, including any medication? If so, please specify.

.....
.....

ACKNOWLEDGEMENT AND ACCEPTANCE

I understand and have filled out this form honestly. If I have any questions, I understand that I can contact either the National Coordinator, Lorraine Peacock coordinator@af.org.nz or Claudia Teague Claudia.fc.teague@gmail.com

Signature of Applicant

Please print name

Date

Sections A and B (for those under 18 years of age) must be completed and returned with payment as on page 6.

SECTION B

(To be completed by parent/guardian of the applicant if under 18)

Full name of parent/guardian

Relationship to applicant

Accommodation - I understand this will be at the Novotel Hotel where the National Conference of the Amputees Federation of New Zealand (AFNZ) is being held and will include room sharing.

Code of Conduct - I understand that AFNZ is not responsible for behaviour which is deemed unacceptable when at this accommodation or at any other time. I further understand and accept that no-one under the age of 18 will be permitted to consume alcohol during the weekend.

Activities - I understand that transport will be with fully licensed drivers. I authorise the applicant to participate in activities and excursions arranged by AFNZ and I understand that there is no special supervision for the participant during these activities and excursions, apart from what is provided by the organisations and professionals running each activity.

Authorisation - I understand that throughout the weekend the participant will be expected to act with honesty and not bring themselves or AFNZ into any form of disrepute. I understand that AFNZ and those running proceedings will take due responsibility to ensure that the participant is safe during the weekend and that in the unlikely event of an accident, illness or inappropriate conduct I will be contacted immediately. In the case of inappropriate conduct I will be informed and the participant placed on the next available flight at his/her cost. I accept that all participants will be expected to follow the instructions given by either

Claudia Teague 0277493036, Matt Bryson 0212720666
or Lorraine Peacock 0274221298

I agree tojoining this weekend which has participants ranging from 16-30 years of age. I confirm that I understand that the participant will be joining this environment and give my consent for him/her to do so. I agree and accept all of the above.

Sgd Date

PAYMENT REQUIRED WITH APPLICATION

This form, together with payment, should accompany pages 3 & 4 (& 5 where applicable) and can be either:

- (a) Posted with a cheque (payable to the Amputees Federation of NZ Inc.) to the National Coordinator, 213a Bay View Road, St Clair, Dunedin 9012;
or
- (b) Emailed to the coordinator@af.org.nz with payment made by internet banking to 031355 0301026 00 (please identify with your name).

Accommodation

Please indicate if an accessible room is required
or whether a shower stool only is needed.

Note that you will be required to share a room.

Meals

You are required to pay for the following meals with your application. Any other food consumed will be charged to your hotel room.

Saturday Lunch	\$20
Saturday Dinner	\$55
Sunday Lunch	\$32

Add \$10 if you are not already a member of your local Amputee Society (this will be passed on) \$10

Total Payment by cheque or internet banking

Meals only	\$107
Meals plus Membership Fee	\$117

POST OR EMAIL YOUR APPLICATION

by **SATURDAY 4 MARCH 2017**

This Payment form will be returned to you, together with a receipt.