



# Soul Survivor – Event Form

## 7th – 12th August 2012

This summer we are going to Soul Survivor week B. Soul Survivor happens at the Bath and West show ground in Somerset. If you would like to be a part of our group, please fill in the forms attached and return it to Andy ASAP.

### THE DETAILS

Event Name	Soul Survivor 2012 Week B
Event Location	Bath and West Showground
Meet/Times	Drop off at Bath & West Showground @ 2PM Collection at Bath & West Showground @ 9.30am
Travel	Own arrangements
Activity Outline	A week of bible teaching, prayer, football, wide games, with plenty of time to enjoy the countryside.
Sleeping Arrangement	Tents. (Single Sex)

### Pay in Full by:

Cheques Made Payable to  
**St Johns Youth**

<b>20<sup>th</sup> Jan</b>	<b>£121</b>
<b>20<sup>th</sup> April</b>	<b>£130</b>
<b>20<sup>th</sup> July</b>	<b>£140</b>
<b>After 20<sup>th</sup> July</b>	<b>£145</b>

*If finance is a problem please speak to Andy as soon as possible. The earlier you speak to Andy the more we will be able support.*

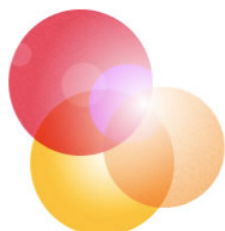
### EMERGENCY CONTACT INFORMATION

<b>Address</b>	Bath and West Show Ground Somerset	<b>Andy's Mobile</b>	07833 254497 07815675870
<b>Telephone</b>	0303 333 1 333		

**Soul Survivor** – Bible teaching, worship, prayer, and being together

*There are a whole range of activities organised throughout the week with this age group in mind; from seminars, to football, to the main meetings. We have lots of fun, games and organised activities along with Bible teaching and worship. There is also plenty of time to chat and chill with friends. Over the years it has been a real catalyst to the spiritual growth of anyone that goes.*

*We have the Fuse Team around to chat with if you are unsure about anything during the week, and they will be cooking some great meals, with all campers as helpers.*



## STJOHN'S YOUTH

Youth Dept. 71 Leigh Rd, Wimborne, BH21 1AE  
01202 848884 – 07833 254497  
andyputt25@googlemail.com  
www.stjohnsyouth.co.uk



# Soul Survivor - Medical Form

## 7th - 12th August 2012

Name of Young Person	
Address (Including Post Code)	Post Code:
Home Tel:	
Mobile:	
Date of Birth	

<b>Medical Questionnaire</b>			
<i>Has the participant had any of the following? If yes please give details overleaf</i>			
Asthma or Bronchitis	Yes/No	Allergies to any known medication	Yes/No
Heart Condition	Yes/No	Any other allergies e.g. food, plasters	Yes/No
Fits, fainting or blackouts	Yes/No	Other illnesses or disability	Yes/No
Severe headaches	Yes/No	Travel Sickness	Yes/No
Diabetes	Yes/No	Regular Medication	Yes/No
Do you have special dietary requirements e.g. Veggie, Vegan etc – Please State			
If necessary, do you consent to mild painkiller being administered? – Please State			
Is participant currently receiving medical treatment? (Details overleaf please)			Yes/No
Has the participant received a tetanus vaccination in the last 10 years?			Yes/No
Has the participant been given specific advice to follow in personal health emergencies? (Details overleaf please)			

**I confirm that:**

- I have read the information concerning the event known as Soul Survivor 2012 Week B.
- I have parental responsibility for the above named person
- In an emergency I give permission for an appropriate leader to sign for treatment including anaesthetics
- I consider the participant suitable and capable of taking part in this event and give consent.
- In signing this form I agree to my son/daughter taking part in the activities of the weekend.
- I also consent to photos been taken and used at and by St Johns on the Youth Website and on facebook.

*All reasonable precautions will be taken to ensure the care and well being of all persons taking part in Core or Fuse. However your consenting to persons taking part does not guarantee 24-7 supervision and a total risk free environment. I understand that the leaders will take all reasonable care in looking after my son/daughter but the leaders cannot necessarily be held responsible for any loss, damage or injury suffered by my son/daughter at Core or Fuse.*

Signed _____	Office Use Only:
	Date:    /    /
Print Name _____	



**STJOHN'S YOUTH**

Youth Dept. 71 Leigh Rd, Wimborne, BH21 1AE  
 01202 848884 – 07833 254497  
 andyputt25@googlemail.com  
 www.stjohnsyouth.co.uk



# Soul Survivor – Behaviour Contract

## 7th – 12th August 2012

### BEHAVIOUR CONTRACT

Everyone is welcome to come to Soul Survivor but we ask for every person to sign a behavior contract between the Youth worker and Youth. This is to ensure we have a good understanding about the way we wish people to behave.

- **General behavior**
  - I agree to treat leaders and other members with respect.
  - I agree to not use bad, racist or offensive language
  - When asked I will do any jobs asked of me, i.e Washing up, picking up rubbish, etc.
- **Performance –**
  - I agree to do the best I can in everything.
  - Trying is better than not bothering at all.
- **Appearance –**
  - I agree to wear appropriate clothing for the activities.
- **Mobile Phones –**
  - I agree that my mobile phone must be switched off at night
  - I agree not to use my mobile during any activity or meal times
  - Mobiles may be used during free time
- **Dating/Relationships –**
  - I agree that if I am in a relationship we agree not to wonder off by ourselves to get some ‘alone time’
  - No Hanky Panky
  - I agree not to make others feel uncomfortable.
- **Drugs, alcohol and tobacco use –**
  - I agree not to smoke, take drugs or drink alcohol or to supply any of these during the course of a youth camp. If found doing any of these the police will be involved.
  - If you do smoke you must speak to Andy
- **Curfew –**
  - I agree to stick to the night time curfew. (This could be a different time for everyone)
- **Rooms-**
  - I agree only to go into the room which is mine.
- **Boundaries-**
  - I agree to stick to the boundaries given to me, the physical and the practical.

#### Young Person

In signing this you agree to what is stated above. If you are to break any of these rules there will be consequences for your actions. The consequences could be missing an activity, being sent home or even not allowed away with the youth next time.

Signature \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_

#### Parent/Guardian

In signing this you agree to what is stated above. If your son/daughter is to break any of these rules there will be consequences for their actions. The consequences could be missing an activity, being sent home or even not allowed away with the youth next time. You agree to coming and collecting your son/daughter at any time, day or night.

Signature \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_

Please return with Medical Form and Money