



**Amputees  
Federation**  
of New Zealand  
Incorporated

## ***GIVE IT A GO! AMPUTEE YOUTH CAMP***

for 16-30 year olds

including

### ***National Conference \****

Sudima Hotel  
Memorial Avenue  
CHRISTCHURCH  
(0800 783462)

15-17 APRIL 2016

### **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 15 April**

**Official Opening** by Ms Lianne Dalziel, Mayor of Christchurch  
followed by "Mingle & Greet"

## **70th National Council Meeting**

## **Saturday 16 April**

### **A full day of activities include**

- Jet Boating
- Horse Riding
- Adventure High Wire Course

### **Evening**

Dine and enjoy the Rock 'n Roll theme

## **Sunday 17 April a.m.**

### **Triumph Beyond Life's Tragedies: Beyond Amputation**

John Baye

B/K Amputee, Patient & Family Outreach Coordinator  
Southeast Louisiana Veteran's Hospital, New Orleans

### **Sharing Your Experiences**

Complete the Application Form  
(Note that Section B must be completed if you are under 18)  
and return by Saturday 12 March  
(Late Applications will not be accepted)

Travel Arrangements will be made for you.  
Please contact the National Coordinator to arrange this.

## APPLICATION FORM

(Complete and return, together with payment as on p6  
by Saturday 12 March 2016)

### 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 .....

Weight ..... (required for horse riding)

Please indicate your fitness level .....

Do you have any allergies? If so, please detail

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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

Please indicate if you wish to travel by air or car (you will be  
reimbursed for the latter). If wanting to travel by air, please  
indicate preferred dates and times for travel.

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## 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.

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.....

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](mailto:coordinator@af.org.nz) or Chris Ross [chris.ross@windowslive.com](mailto:chris.ross@windowslive.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 Sudima Hotel where the National Conference of the Amputees Federation of New Zealand (AFNZ) is being held and may 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

Chris Ross 0274220221, Claudia Teague 0277493036  
or Lorraine Peacock 0274221298

I agree to .....joining 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](mailto:coordinator@af.org.nz) with payment made by internet banking to 031355 0301026 00 (please identify with your name).

### Accommodation

All rooms have a wet floor shower;  
however, please indicate if a shower stool is required. ☐  
Note that it is likely 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	\$25

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

<b>Meals only</b>	<b>\$100</b>
<b>Meals plus Membership Fee</b>	<b>\$110</b>

POST OR EMAIL YOUR APPLICATION

by **SATURDAY 12 MARCH 2016**

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