



**Amputees
Federation**
of New Zealand
Incorporated

GIVE IT A GO! AMPUTEE YOUTH CAMP

for 16-35 year olds

including

National Conference *

Scenic Hotel
65 Alfred Street
BLenheim

17-19 APRIL 2020

PROGRAMME APPLICATION and REGISTRATION

Some funding for travel and accommodation will be 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 17 April

Official Opening - Steve Austin, Executive Director
Marlborough Museum

74th National Council Meeting

“Mingle & Greet” with Supper

Saturday 18 April

Put your skills to the test and push yourself to the limit with a day full of challenges and exciting activities, including paintball and sea kayaking on the Marlborough Sounds

Evening - “Movie Greats” theme

Prizes for best dressed actor/actress

Music (original tracks) provided by a DJ

Sunday Morning 19 April

How to Live Life Unlimited with Korrin Barrett

Sponsor's Slot - Taska Prosthetics

Living with Lucy: 2020 with Robbie Francis

Sharing with GIAG!

Socket Poster Competition Results

Have you got your entry in?

See our Facebook page for details

**We appreciate grant funding received from Pub Charity
and the support of Ossur, our GIAG sponsor**

Complete the Application Form
(Note that Section B must be completed if you are under 18)
and return by Saturday 14 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 14 March 2020)

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

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Phone/Mobile

Email

Date of Birth

Amputation

Please indicate your fitness level

Note: AFNZ will not be responsible for any injury,
harm or distress etc. incurred during events.

Please also take special note of the 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
17 April. Return bookings will be made on Sunday 19 April from
mid afternoon on. A pickup and drop-off service will be provided
to and from the airport.

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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.

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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@amputee.co.nz
or Matt Bryson mattbrysongg@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 Scenic 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

Matt Bryson 0212720666, Brooke Donaldson 0274627591
or Lorraine Peacock 0274221298

I agree tojoining this weekend which has participants ranging from 16-35 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@amputee.co.nz*** with payment 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,
or tick if you are a wheelchair user and tell us what
special assistance you require

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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	\$27
Saturday Dinner	\$55
Sunday Lunch	\$27

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	\$109
Meals plus Membership Fee	\$119

POST OR EMAIL YOUR APPLICATION

by **SATURDAY 14 MARCH 2020**

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