 

**Master Guide Convention 3rd – 7th October 2024 Port Dickson Methodist Centre Negeri Sembilan Malaysia**

Central Papua Conference Club

**Application Form**

**Application Due 30th June 2024**

**Registration fee**

**Early Bird PGK850 (USD$210) end 31st May 2024**

**Late Turtle PGK920 (USD$230) end 30th June 2024 (CPC Only)**

I. **Personal Details**

Full Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name as stated on passport)

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Suburb \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Town \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Province \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_\_\_\_\_\_\_\_ Female/Male (Please circle)

Telephone (day) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PNG Passport No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiry Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Note: Attach the Passport bio-data page with this application form

**II. Master guide Details**

Master Guide Club \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Conference/Mission \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Role: MG Trainee / Staff /Instructor / Dep.Director / Club Director / Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Please circle)

**AdSafe Certificate**. (All delegates 18 years and above MUST complete the Mandatory AdSafe requirements application).

**Local Master Guide Club & Local Church Approvals**

Club Director \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sign \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Church Pastor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sign \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**III. CPC Travel Package (To be advised)**

**IV. Personal & Medical Details**

Height \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Weight \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Blood Group (if known) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In case of emergency

Contact Person\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of contact\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home/Mobile (\_\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Doctor’s Full Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Doctor’s Phone (\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Circle as appropriate:**

1. Heart Problems YES/NO 11. Diabetic YES/NO

2. Respiratory Problems YES/NO 12. Restrictions on Activities YES/NO

3. Travel sickness YES/NO 13. Bedwetting YES/NO

4. Phobias YES/NO 14. Special Diet YES/NO

5. Operations YES/NO 15. Disability YES/NO

6. Recent Illness YES/NO 16. Medication Required YES/NO

7. Migraines YES/NO 17. Drug Reactions (ie penicillin) YES/NO

8. Blackouts YES/NO 18. Allergies (ie bee stings, nuts) YES/NO

9. Fits, Epilepsy, etc. YES/NO 19. Last Tetanus Booster- Date \_\_\_\_\_\_\_\_\_

10. Asthmatic YES/NO 20. Are you able to swim YES/NO

As necessary, please elaborate below:

Condition:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medication required: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Drug/ Food Reactions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In the event of an accident or illness, I authorize the Camp Director or CPC Youth Staff to consent (where it is impractical to communicate with me) for me/my child to receive any x-ray examination, anesthetic, medical, surgical or hospital treatment as deemed necessary by a licensed physician and/or surgeon. I also authorize to engage such treatment. I agree to meet the expense of me/my child being returned home, by the Director due to illness or injury.

Participant’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENTAL CONSENT- if participant is under 18 years:

*Participants under 18 must be accompanied by a parent, designated adult or Master Guide Club leader from their local Mission/Conference.*

(Name of delegate)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has my permission to attend the Master Guide Convention Rebuild The Alter Camp.

Designated Adult (please print)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name & Signature of Parent/Legal Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**V. Consent & Release**

Please tick

I have read and understood all the information contained in Newsletter 1 (March 2024 Edition) in

regards to the Pre-Camporee Tour and camping at the Master Guide Convention Malaysia Camp

as being organized by the Central Papua Conference (CPC) Youth Team.

I have accurately completed all sections of this Application Form (I-IV).

I have paid the deposit to the Youth Department of the local Conference/Mission according to

my preferred option as outlined in the CPC Package Options to attend the Master Guide Convention Malaysia Camp 2024.

I am aware that a Camp involves a range of normal Master Guide challenge activities. I understand that there is an element of risk involved. I agree to be responsible to follow the safety guidelines for each activity and to follow the instructions of the activity leaders. I acknowledge I may refuse to

participate in any part of the activity I feel apprehensive about (if this does not endanger myself or

other participants and leaders)

I agree that if I suffer injury or illness, the organizers will make every effort to contact the parent/guardian/next of kin by way of details provided, should such situations arise, and can arrange medical treatment and emergency evacuation services, as they deem necessary for my safety or

wellbeing.

I understand that video footage and/or photographs may be taken of myself during the Master Guide Convention Camp and used during the program and in news bulletins, reports and to promote future events with no remuneration to myself.

I agree not to upload, share or disseminate any images or content that is not in harmony with Christian principles. I understand and accept that I jeopardize my right to be in attendance at the Master Guide Convention Camp as a CPC delegate if I breach this issue of privacy.

**I am aware of the risks and possibly demanding nature of the Master Guide Camp and activities on the CPC Club trip and am willing to accept these risks and agree to release, to the full extent permitted by law, and its employees and agents from responsibility for any injuries which I may suffer as a result of participation in this event.**

**All personal Information provided for the Master Guide Camp and Short Term Travel Insurance will be kept confidential. We will not disclose your personal information to a third party without your consent, unless we are required or are authorized to do so by law or other regulation.**

**In signing this document I agree to all the above stated terms.**

Participants signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participants must have Parent/Legal Guardian consent if under 18 years:

Signature of Parent/Legal Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_