

NZ Young Kennel Club National Camp 2011



Dear Parents/Campers

NZYKC Camp 2011 is being held at Blue Skies Kaiapoi. From the 24th– 27th January.

Camp 3 nights 24th -27th January - \$160.00 includes all meals & accommodation (including a Camp T shirt). You may arrive anytime on from 9.30am on Monday 24th.

A meet and greet for all will commence at 11:00am.

NB. All parents / guardians attending camp are required to submit a police check; these will be held in confidence by Mr B Fears our NZYKC /Executive Council liaison. Post to Mr. B Fears 165 Rangiora Woodend Rd, RD1, Kaiapoi – Tel 03 312 7686 / 021 618 686

Information on how to apply for / download an application form can be found at www.justice.govt.nz under services and application forms – this needs to be applied for asap as they can take 6 weeks to process.

All meals are provided from the lunch time Monday up to and including breakfast Thursday. Please bring a packet of biscuits or home baking to share for morning tea, afternoon tea & suppers.

NB: Camp will be finished by 9:00am on the Thursday morning and we have to be packed up and away from the venue by 10:00am at the latest

Campers and parents need to bring:

- Sleeping bag , blankets and pillow case
- Comfortable shoes and trainers.
- Warm hat, comfortable clothes and sleepwear.
- A raincoat or jacket
- Hat & sun block
- Home baking
- Toothbrush, soap, towel and personal items.
- Togs /towel – bag for wet togs
- Torch
- Notebook and pens
- Those bringing dogs need bedding, leads, bowls, & food. And a crate if possible.

If your child will require any medication while we are away please record it on the attached medical form.

Contact Phone Numbers whilst on Camp:

Claire & Amyas - 0211 557548 or 0211 899120

Karen - 027 497 1146

Nevenka - 021 215 1699

Lavina - 027 661 4500

Peter - 027 468 8188

Please sign and return the Permission Forms with a non refundable deposit for \$80.00/camper no later than 1st November 2010.

The balance to be paid no later than 3rd January 2011. Cheques payable to NZKC, please include Childs name and NZYKC Membership No. on the back of the cheque, **OR** by direct electronic payment to : NZKC account no. 03 0547 0104575 00.

If paying by direct payment it is important you also email both Claire (a-ctrevelyan@xtra.co.nz) and Irene (irene@nzkc.org.nz) with details of the amount paid in and what it is for, please also include the member(s) NZYKC membership number(s).

Claire Trevelyan
NZYKC Camp Organiser
235 Supplejack Valley Rd
RD1
Upper Moutere
Nelson – 7173

NZYKC National Camp 2011



I give permission for:

Name _____ Age: _____ NZYKC Membership No. _____

To attend the NZYKC National Camp at Blue Skies and to participate in all aspects of the camp programme.

I understand that any dog(s) which accompany him/her will be accommodated in a car or trailer and are not at any time the responsibility of the NZYKC committee or camp personnel. Children under the age of 12 must be accompanied by a care giver/guardian over the age of 18.

I understand that the camp requires that NZYKC members attending with their dog(s) are able to be control their dog(s) both on and off the lead and that the dog(s) is/are safe around other dogs and children.

All adult camp attendees will be given a copy of the Risk Analysis Management Plan on arrival and all campers agree to observe all camp routines.

Size of T shirt required – NB: this must be worn at all times on camp (extra T Shirts can be ordered at a cost of \$20.00 each).

Size	Quantity
CHILD:	
Small	<input type="checkbox"/>
Medium	<input type="checkbox"/>
Large	<input type="checkbox"/>
ADULT:	
Small	<input type="checkbox"/>
Medium	<input type="checkbox"/>
Large	<input type="checkbox"/>
Xtra Large	<input type="checkbox"/>

Please tick the appropriate box:

My child will be not be bringing their dog on camp. Breed if bringing dog eg. Australian Terrier

and will will not require dog accommodation to be provided.

Please list any specific dietary needs for your child.

Please list any medical conditions/allergies which may affect your child during this camp.

Please record any medication which your child needs to take while we are away:

In the event of any accident or illness, I authorize NZYKC Committee to obtain any such medical assistance, as considered appropriate by NZYKC committee.

YES NO

In the unlikely event of it being necessary, I agree to my child being given Paracetamol by the NZYKC committee camp organisers.

YES NO

Childs Name _____

Parents Names _____

Address _____

Phone Numbers (Home) _____ (Cell) _____

(Work) _____ Email _____

Emergency Contacts

Name _____

Phone Numbers _____

Name _____

Phone Numbers _____

Signed _____ Date _____