

PERSONAL DETAILS

Surname: _____ Christian Name: _____

Address: _____

_____ Postcode: _____

Phone: _____ Cell: _____

Email: _____

DOB: ____/____/____

GB Company / IFG Unit: _____

GB / IFG Area: _____

MEDICAL DETAILS

Person to contact in an emergency: _____ Relationship: _____

Phone: _____ Doctor's name: _____

Doctor's phone: _____ Doctor's fax: _____

Community Services Card number (if applicable): _____

Last tetanus injection: _____

Do you suffer from any illness, condition, allergy, disability that the organisers should know about? If yes, please specify (including any medication you may be taking) _____

In the event of an emergency I give my permission to secure proper treatment for myself as deemed necessary (medical, surgical or anesthetic which may be needed/determined by the appropriate medical practitioner or hospital authority) and agree that I will pay any costs incurred (including ambulance or other transport as required). I also authorise the camp leadership to administer medical aid as required for illness or injury.

Leaders signature: _____



FACING GIANTS
FONOMARAE 2024

INTERNATIONAL LEADER REGISTRATION FORM

7-13th January 2024

NEW ZEALAND

Waikanae | Kapiti Coast



GENERAL INFORMATION

All payments are to be made to your GB Area and forwarded onto your Fonomarae Coordinator

All GB leaders:

Either commissioned or assistant leaders are 18 years and over

Are required to hold current camping and first aid certificates

Will be accommodated in groups with their own area

Will receive a gear list on confirmation of registration

Must be independently mobile and able and willing to participate/supervise in all activities

Other adult leaders:

May attend to fulfill specific roles

The registration fee for FACING GIANTS FONOMARAE 2024 is \$975NZD (inc GST) and is due:

14 Apr 23	\$300
-non-refundable deposit to accompany this registration form	
28 Jul 23	\$300
22 Sep 23	\$375+extras

FOOD REQUIREMENTS

Does the applicant have any special food requirements for medical / cultural reasons? Yes / No

If yes please specify: _____

CAMP SHIRT (Circle Size): 8 10 12 14 16 18 20 22 24 26 (Circle Style) Semi-Fitted Straight
Chest size in cms (right round body) 83-87 88-92 93-97 98-102 103-108 109-114 115-119 120-124 125-129 130-134

EXTRAS: T-shirt/s for \$20 Quantity and size: _____ Fonomarae souvenir keyring for \$10.00 ea Quantity: _____
(everyone will receive a souvenir thanks to our awesome sponsors so this is for additional keyrings)

ACTIVITY CHOICE Note your activity choice in order of preference. See attached note/activity choices. If you are interested in a half day activity, be sure to pick another half day activity. If you choose Cross Stitch, add in your experience level also:

BREAKOUT Activity 1 _____ Activity 2 _____ Activity 3 _____ Activity 4 _____

ADVENTURE Activity 1 _____ Activity 2 _____

SWIMMING CONFIDENCE (circle): Not very Confident Fairly Confident Confident Very Confident

PHOTOS I give permission for any photographs/videos taken of me during the event to be used (if required) for Girls' Brigade publicity purposes. Yes/No

To ensure there everyone has a great time at FACING GIANTS FONOMARAE 2024 there is a TOTAL PROHIBITION on any illicit drugs, cigarettes, party pills and alcohol. It is a condition of acceptance to FACING GIANTS FONOMARAE 2024 that you agree to be bound by this prohibition and in doing so accept that your property may be subject to examination where considered necessary.

CHECKLIST Copy of signed Code of Conduct is attached

I hold a current first aid certificate

I hold a current camping certificate (or equivalent)

Camping Cert equivalent: Have familiarised yourself with the GBNZ Health and Safety Policy and have a valid/current Police Check

DECLARATION I am primarily there as a leader to the girls and as such will always ensure the health and safety of the girls in my care, providing supervision as and when required and expected by the Fonomarae Organising body. I have read the rules and agree to obey them.

I confirm that the information given in this registration form is true and correct.

_____ applicant's signature

PLEASE COMPLETE AND RETURN THIS FORM TO YOUR CAPTAIN/FONOMARAE COORDINATOR WITH A NON-REFUNDABLE DEPOSIT OF \$300NZD BY **14 APR 2023**