

#imagine

29 - 31 March 2019

East - Mentorskraal, Jeffreysbay

Central - Nampo Park, Bothaville

North - Zwartkloof, Bela Bela

South - Bredasdorp Park, Bredasdorp

R450-00 per person



PLEASE READ: IMPORTANT INFORMATION BEFORE COMPLETING THE REGISTRATION FORM

1. You can register as one of the following:

Leaders: They are responsible for the overall well-being of teenagers, handling of discipline – especially in the tent area where they sleep among the teenagers. General assistance with program and facilitating small group sessions.

Serving Volunteer: Volunteers are responsible for various tasks over the weekend: registration, handing out food, sales, security, etc.

Attending Adult: Includes the Mentors team, Prayer team, Care team, Technical team, Workshop team and Worship team.

2. This form is accompanied by a declaration form. You will not be allowed to enter the premises if you are unable to present the signed form.

3. For every 10 teenagers a school/church must also enter a group leader or volunteer. If the group is smaller than 10 and consisting of boys and girls you will need a Male and Female leader as the leaders needs to camp with the teenagers in the allocated areas.

Entry form for Leaders

Tick which experience you will be attending:

Central (Nampo Park)

North (Zwartkloof)

East (Mentorskraal)

West (Bredasdorp Park)

Name:	
Surname:	
City:	
Province:	
Date of Birth: (year/month/day)	
Email Address:	
Cell no:	
Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female
The name of the Church you attend:	
Do your church belong to a church family, ie. AFM, Methodist, Doxa Deo, DRC etc.	
How many previous #imagine experiences have you attended	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Next of kin:	
Next of kin number:	
Medical Aid Name:	
Medical Aid Number:	
Allergies/ Medical conditions:	
Where did you hear of #imagine? School/Church/Social Media ect	
*ID Number	
*Name of Pastor/Youth worker for reference	
*Pastor/Youth worker's email	
*What is your current experience in the field of youth ministry or youth education	
*Have you been banned in terms of South African law from working with children under the age of 18? Yes /No	

Starting time: Registration opens **Friday 29 March at 08:00**, program will start at 16:00. (First meal supplied will be supper.

Ending time: Program ends **Sunday 31 March at 12:00**. Last meal to be provided is brunch. We request that no transport leave before 12:00.

The R 450-00 includes food and accommodation (bring own tent or share with friends),but excludes transport. Please note that #imagine does not take responsibility for organizing transport to and from the venues.

WHAT TO BRING:

- Tent (or share with friends) #imagine cannot supply any tents
- Mattress
- Sleeping bag
- Pillow
- Water bottle
- Sun hat and sunscreen
- Mosquito repellent
- Poncho/Rain coat
- Torch
- Pocket Money
- Comfortable clothes and shoes
- Warm clothes for the evenings
- Camping chair
- Personal Medication – VERY IMPORTANT**
- Toiletries & Necessities
 - Bring 1 roll of toilet paper
 - Biodegradable products will be recommended but not compulsory
 - Bring your own necessities (lip ice, deodorant, tooth brush)
- Swimsuit (fun time)
- Towel
- Bible
- Cell phone charger

Unfortunately, we cannot cater for specific dietary needs, but kitchen facilities are available just arrange with your experience admin. office for access.

Enquiries: info@imaginemovement.co.za
south@imaginemovement.co.za / east@imaginemovement.co.za
north@imaginemovement.co.za / central@imaginemovement.co.za

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Adult Declarations:

Hereby ,I _____ (full name and surname), ID no. _____ declare that I am not prohibited by the South African Children’s Act to work / interact with children / teenagers under the age of 18 years old. I declare that my name do not appear on the NRSO (National Register for Sexual Offenders list). In light of the above statement, I give consent that my answer can be checked if necessary.

I hereby declare that I will also comply with the following during each *#imagine experience*: I will at all times conduct conversations with children / teenagers / minors only in well-lit public areas. I will at all times and / or as far as possible avoid one-on-one sessions with children / teenagers / minors of the opposite sex.

I will at all times, when I encounter serious cases, immediately call in the help and / or consult with the relevant counsellors and / or social workers and / or refer children / teenagers / minors to the relevant counsellors and / or social workers on hand. I will at all times avoid physical contact with children / teenagers / minors.

I will at all times avoid being alone with a child / teenager / minor in a private area at any stage.

I am well aware of the fact and realise that I at all times run the risk of prosecution if I enter into any situation in which my actions might be interpreted as making sexual advances toward a child / teenager / minor.

I will never use *the #imagine experience* to recruit children / teenagers / minors for my own church and / or programs and / or private actions.

I understand that various denominations will be present at *each #imagine experience* and that they will have different theological accents. I will at all times endeavor to avoid conversations with dogmatic themes and I will not present my own views and / or impress them upon any child / teenager / minor. This includes, but is not limited to: baptism, baptism with the Holy Spirit, gifts of the Spirit, exorcism of the devil or evil spirits, women holding any office in church, and how we approach sexual orientation.

Furthermore, I realise that *the #imagine staff or volunteers* can not be held liable for any damages, loss of property, injuries, illness and / or accident of any kind.
Herewith I also consent to the use of photographs and video material in which I appear, for marketing purposes.

NAME OF ADULT: _____

SIGNATURE: _____ **DATE:** _____

NAME OF PASTOR AND YOUTH WORKER : _____

CONTACT DETAILS : _____

SIGNATURE: _____ **DATE:** _____