

**AUSTRALIA MUSLIM YOUTH NETWORK**  
**(AMYN) WWW.AMYNWEB.COM**

AUSTRALIAN MUSLIM  
AMYN  
YOUTH NETWORK



**SUMMER**  
**Youth Weekend-Out**  
**Sleepover, Tours, Games**  
**16 & 17 January 2010**



**Activities:**  
Camping, Picnic, Hiking, waterfalls,  
Site Seeing, BBQ, Quiz Competition,  
Trip to Sunshine Coast, Beach Volley Ball,  
Soccer, Billiard Championship,  
Table Tennis Competition, Movies,  
and many more

Tickets  
**\$40** Person  
For Male Teenagers &  
Adolescents  
Must Register Early Now!

Meet 7am Saturday at AMYN centre

**Registration & Information:**  
Yasin 0412298531 & Ismail 0406629129  
AMYN Centre 16/157 North Road, Woodridge  
www.AMYNweb.com



**IMPORTANT INFORMATION**

**Deadlines:**

- **REGISTRATION DEADLINE FOR APPLICATION FORMS:**

**THURSDAY 14<sup>TH</sup> JANUARY 2010**

- **DEPARTURE ON DAY 1:**

**8.15 AM, SATURDAY 16<sup>TH</sup> JAN 2010**

- **DEPARTURE ON DAY 2:**

**6.15 AM, SUNDAY 17<sup>TH</sup> JAN 2010**

**What to Bring:**

- **Sleeping gear**
- **Closed pair of walking shoes or trainers**
- **2 Litre water bottle**
- **Personal insect repellent**
- **Sunscreen**
- **Cap or hat to protect from sun**
- **Towel and swimming gear**
- **Toiletries (toothbrush, toothpaste, change of clothes etc. for sleepover)**
- **YOURSELF!**

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### ACTIVITY DISCLAIMER FORM.

NAME OF PARTICIPANT:		AGE:	
ADDRESS:		PHONE:	
POST CODE:		EMAIL:	
In case of emergency please contact:		PHONE:	
CAN HE SWIM:	ANY ALLERGIES?		
DOES HE NEED ANY MEDICATION?	IS CAPABLE OF ADMINISTERING THIS?		

IF NOT PLEASE SUPPLY DETAILS:
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I CONSENT TO:	TAKING PART IN:
ACTIVITY FROM:	TO:

#### INDEMNITY

I understand that, whilst everything is done to ensure both the comfort and safety of the members of the group, and whilst every care will be exercised by those in charge of activities, the Association and its officers are not responsible in any way for any accident or sickness which may occur or happen through any circumstances.

*I agree to indemnify the Association and its staffs against any claim by reason of accident, sickness or otherwise. In case of accident or illness I consent to the obtaining of the necessary medical assistance and treatment, and in the event I agree to pay all expenses involved.*

I have read the rules of the activity as detailed of the Activity Disclimer form and acknowledge and agree to abide by them.

\_\_\_\_\_ DATE  
SIGNATURE OF PARENT OR GUARDIAN

Payment \$40(includes all activities and meals)     YES     NO

#### HEALTH STATEMENT

**Provision for your welfare will be made according to the information supplied in this statement. Please tick boxes and answer as fully as possible.**

**Do you suffer from any of the following? IF YES, give details, including names of drugs and how often they are administered.**

	NO	YES	DETAILS
1. Allergy - Drugs			
2. Allergy - Food			
3. Allergy - Insects			
4. Asthma			
5. Diabetes			
6. Epilepsy			
7. Heart Condition			
8. Migraine			
9. Sleepwalking			
10. Mental Disability			
11. Physical Disability			
12. Other (Please Specify)			
13. Any previous condition that may relate to this activity			

Will you be carrying medicine/tablets/drugs/aid on your person?	YES/NO
Details:.....	

Do you wear a Medic Alert bracelet/medallion?	YES/NO
Details:.....	

Have you any special food requirements, for medical or religious reasons?	YES/NO
Details:.....	
.....	

Can he swim?	YES/NO
Level of competence:.....	

Medicare Number	Private Health Fund	YES/NO
.....	Ambulance	YES/NO