

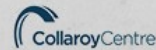


Iron sharpens iron, and one man sharpens another  
- Proverbs 27:17 (ESV)

# Just Men

**Territorial Men's Conference 2015**

30 Oct - 1 Nov 2015  
With Guest Speaker Phil Wall



## Venue:

The Collaroy Centre  
Homestead Avenue, Collaroy

**30th October - 1st November, 2015**

### **REGISTRATION CLOSING ON FRIDAY 9TH OCTOBER, 2015**

**The Collaroy Centre cannot process your registration until it receives FULL payment.**

Please fill in all the relevant information and tick the correct boxes.

Please email/post/fax Application Form along with full payment to:-

The Collaroy Centre

PO Box 11, COLLAROY BEACH NSW 2097

Fax: (02) 9971 1895

Email: [collaroy@collaroycentre.org.au](mailto:collaroy@collaroycentre.org.au)

Phone: (02) 9982 9800



# JUST MEN CONFERENCE APPLICATION FORM

All Applications must be accompanied by FULL payment

Closing Date: 9th October, 2015

Please ensure that you complete all pages in their entirety or they will be returned to you.

Please also read the Liability Waiver & Terms and Conditions together with the Privacy Notice and sign both of these forms as well.

All 5 pages of the Application Form need to be returned to this Centre to be accepted.

## PERSONAL DETAILS

Rank: \_\_\_\_\_ First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Corps/Church: \_\_\_\_\_

Age: ☐ 18 - 25 ☐ 26 - 35 ☐ 36 - 50 ☐ 51 - 60 ☐ 60+

## DIETARY/ALLERGY REQUIREMENTS

Tick if any of the following apply to you:-

☐ Peanut Allergy ☐ Gluten Free Diet ☐ Lactose Free Diet ☐ Diabetic Diet ☐ Vegetarian Diet ☐ Other

## MEDICAL INFORMATION

Please specify any medical conditions you have, which may affect your stay or experience at the Just Men's Conference (Please include both chronic and acute conditions):

\_\_\_\_\_  
\_\_\_\_\_

## ACCOMMODATION - Please tick

- |  |          |
|--|----------|
| <input type="checkbox"/> Cabin 6 - 8 Share   | \$198.00 |
| <input type="checkbox"/> Linen Hire (Optional) Cabins Only                                       | \$10.00  |
| <input type="checkbox"/> Hotel - Twin Share  | \$246.00 |
| <input type="checkbox"/> Hotel - Single Share (Subject to Availability)                          | \$330.00 |
| <input type="checkbox"/> Day Delegate (Friday Supper, Saturday M/T - Supper, Sunday M/t & Lunch) | \$163.00 |
| <input type="checkbox"/> Friday Night Dinner (Optional)  | \$20.00  |

**TOTAL** \$ \_\_\_\_\_

Share Accommodation With: \_\_\_\_\_

## MOBILITY ISSUES

Are there any mobility issues we need to be aware of when allocating accommodation: ☐ Yes ☐ No

If yes, please list here: \_\_\_\_\_

Please return completed application form together with FULL payment to:-

The Collaroy Centre  
PO Box 11 COLLAROY BEACH NSW 2097  
Fax: 02 9971 1895  
Email: collaroy@collaroycentre.org.au



NAME: \_\_\_\_\_

## EMERGENCY CONTACT DETAILS

Name: \_\_\_\_\_

Relationship to Delegate: \_\_\_\_\_

Phone Number: \_\_\_\_\_

## CONSENT TO PUBLICATION OF PHOTOGRAPHS & VIDEO FOOTAGE

During the course of Just Men's Conference, employees or volunteers of The Salvation Army may take photographs and/or videos of you for reasons such as the production of keepsakes for participants or/and for promotional material.

Please indicate below if you give consent to The Salvation Army to do the following:-

Take photographs and/or record video footage of yourself:

**I Consent/I Do Not Consent**

Publish photographs and/or video footage of yourself:

**I Consent/I Do Not Consent**

Are there any legal proceedings or any other legal restrictions which would prevent the publication and dissemination of your photograph or your identity: **Yes/No**

If you answered yes, please provide details below: \_\_\_\_\_

\_\_\_\_\_

## PAYMENT DETAILS

The Collaroy Centre must receive full payment before it will register your attendance at the Just Men Conference.

### CANCELLATION POLICY:

If you decide to cancel your stay at the Just Men Conference, two weeks prior notice to the start of conference is required for a full payment refund. If you cannot attend due to a medical issue at any point prior to the Just Men Conference, a medical certificate must be presented to The Salvation Army, in order to obtain a full payment

**PAYMENT DETAILS**      ☐ Cheque   ☐ Visa   ☐ Mastercard

Card Number: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Expiry Date: \_\_\_\_\_ / \_\_\_\_\_    CCV: \_\_\_\_\_    Name on Card: \_\_\_\_\_

Signature: \_\_\_\_\_    Date: \_\_\_\_\_

### FINANCE ONE INTERNAL PAYMENT DETAILS

GL Code: \_\_\_\_\_

(Please note: We do not use Pairing Accounts. The normal account number used is 28503)

Budget Name: \_\_\_\_\_    Total: \$ \_\_\_\_\_

Please return completed application form together with FULL payment to:-

The Collaroy Centre  
PO Box 11 COLLAROY BEACH NSW 2097  
Fax: 02 9971 1895  
Email: collaroy@collaroycentre.org.au



## LIABILITY WAIVER & TERMS AND CONDITIONS

It is important that you read and accept the following Liability Waiver, and Terms and Conditions. If you do not do so, you will not be allowed to register for and participate at the Just Men Conference.

1. For the purpose of this Application Form, The Salvation Army means:
  - a. The Collaroy Centre;
  - b. The Salvation Army (being the unincorporated religious and charitable association);
  - c. The Salvation Army (New South Wales) Property Trust;
  - d. The Salvation Army (Queensland) Property Trust;
  - e. Any organization or bodies corporate owned or operated by any of the bodies in the paragraphs mentioned above;
  - f. Any employee, officer, servant, contractor or agent of a body described in the paragraphs mentioned above.
2. I am aware of and I accept the risks associated with my attendance and participation at the Just Men Conference, which includes but is not limited to personal injury, damage or loss of property, or death. I understand there are acts and circumstances beyond the control of The Salvation Army. As such, I release and discharge The Salvation Army from any and all claims of loss, damage, or harm to property or persons including but not limited to myself, made by me or any other persons as a result of my attendance and/or participation at the Just Men Conference, and agree this release and discharge is in respect of any negligent act, breach of duty, default and/or omission by The Salvation Army.
3. I agree to indemnify The Salvation Army against any and all claims made by me or any other persons for loss, damage, or harm to property or persons including but not limited to myself, as a result of my attendance and/or participation in the Just Men Conference. This indemnity operates to cover any negligent act, breach of duty, default, breach of contract and/or omission by The Salvation Army.
4. I accept that I will be given the opportunity to undertake recreational activities during my attendance at the Just Men Conference. I recognise that I am undertaking these recreational activities for the purposes of enjoyment, relaxation and leisure. I accept there is a degree of physical and psychological risk to these recreational activities and in making my decision to undertake the following activities, I understand and I am aware of the risks arising from these recreational activities including but not limited to the following:
  - a. General Activities: illness, physical injuries, harm arising from any transportation accidents, fall injuries, injury from equipment failure; allergic reaction;
  - b. Sports Activities: sunburn, cuts, bruising, fall injuries, sprains, fractures, asthma related harm, collision injuries, head injuries including concussion;
  - c. Archery: Bodily harm from misuse of equipment, injury from equipment failure, puncture wounds, splinters, fall injuries, bruising;
  - d. Billy Cart Racing : cuts, bruises, collision/crash injuries, emotional distress, trips or falls, sprains, fractures, spine and back injuries, internal injuries, head injuries including concussion, injury from equipment failure, paralysis, death;
  - e. Touch Football: asthma related harm, trips or falls, collision injuries, sprains, fractures, head injuries including concussion;
  - f. Golf: Bruising, sprains, fractures, spine and back injuries, trips and falls.
5. I agree to assume the risk of any injuries, damages or loss that I may sustain as a result of being a participant or observer in the activities connected or associated with the Just Men Conference. I declare that I have read and understood the risk warning above.
6. I understand that my participation in the listed recreational activities is entirely voluntary and if I do not wish to participate in any or all of the aforementioned recreational activities, I shall give express prior notification to either The Salvation Army or The Collaroy Centre.
7. I warrant that I do not have any medical, physical or psychological conditions that would prevent or aggravate my attendance and/or participation at the Just Men Conference, including for the listed recreational activities. I understand that if I cannot provide this assurance, I will give prior notice of my medical conditions to The Salvation Army or The Collaroy Centre. Following this notification, I accept that The Salvation Army will have sole discretion to allow, decline or limit my participation in the Just Men Conference.

8. I authorise The Salvation Army to obtain such medical assistance and treatment for me as they deem necessary and I agree to meet all of these medical expenses.
9. I understand that The Salvation Army has a responsibility to maintain a safe and positive environment for both participants and staff members at the Just Men Conference. I recognise that I am expected to show respect for fellow participants and staff members. I declare that I will not engage in any form of harassment, victimisation or intimidation. I also understand that the Just Men Conference and the premises at The Collaroy Centre is an alcohol and drug free environment. I declare I will not be in possession of or consume any forms of alcohol or drugs: during my attendance and participation at the Just Men Conference, on The Collaroy Centre's premises or at any of its associated activities.

In response to misconduct or non-compliance, I understand that The Salvation Army reserves the right to exercise any of the following measures against me, including but is not limited to: close supervision, directions, exclusion from the Just Men Conference and/or police involvement. I accept that The Salvation Army will not refund any part of the payment for the Just Men Conference if I am removed or excluded as a result of my misconduct or non-compliance with these Terms and Conditions.

10. In addition to paragraph 9, I agree to be bound by and I declare I will comply with all of the rules and guidelines issued by The Salvation Army in connection with the Just Men Conference and the premises at The Collaroy Centre. I understand that I need to read and understand all of the rules and guidelines made available to me by The Salvation Army. I accept that non-compliance with these rules and guidelines will be dealt with by The Salvation Army within its sole discretion and according to the following measures, including but is not limited to: close supervision, directions, exclusion from the Just Men Conference and/or police involvement.
11. I accept that transportation will be arranged by The Salvation Army for me to attend activities outside of The Collaroy Centre. I agree to be transported according to this manner and I release The Salvation Army from any claim made by me, as a result of loss, damage or harm to me arising from this manner of transportation.
12. I understand that The Salvation Army is an Evangelical Christian Church and as such, its premises and activities will have involvement and adherence to these Evangelical Christian principles.

## **ACCEPTANCE OF THE LIABILITY WAIVER AND THE TERMS AND CONDITIONS**

I declare that I have read and that I accept the Liability Waiver, and the Terms and Conditions provided above:

Your Name (Please Print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## PRIVACY NOTICE

*For the purpose of this Privacy Notice, The Salvation Army means The Salvation Army (being the unincorporated religious and charitable association), The Salvation Army (New South Wales) Property Trust, The Salvation Army (Queensland) Property Trust and any organisations or bodies corporate owned or operated by any of the bodies above.*

The Salvation Army, a not-for-profit organisation, is committed to upholding the Australian Privacy Principles contained in the *Privacy Act 1988* (Cth). Our Privacy Officer is responsible for ensuring that our privacy policies are adhered to and our detailed privacy policy can be accessed online at <http://salvos.org.au/privacy-policy/>, by contacting our Privacy Officer on 02 9266 9554 or by writing to us at PO Box A435, Sydney South NSW 1235. Our privacy policy includes information about how you may access and update the personal or sensitive information we hold about you and details of how you can complain about a breach of the Australian Privacy Principles and how we will deal with your complaint. You have the option of not identifying yourself or using a pseudonym when dealing with us in relation to a particular matter, unless we believe it is impracticable to do so in the circumstances. If you wish to deal with us in this manner, you must tell us in writing so that we can consider if your request is practicable.

The Salvation Army collects your personal and sensitive information that we believe is reasonably necessary to provide you with the accommodation and services we offer at The Collaroy Centre and to facilitate and manage your stay with us. By providing us with this sensitive information you consent to our use or disclosure of your information for a secondary purpose directly related to the primary purpose. Unless permitted by law, we will not use this information for any other purpose without your consent. The information we collect includes the information you provide to us on this form, any additional information you provide to our staff verbally or otherwise and any information we may need to collect about you from third parties on your behalf (if applicable). You may request access to the information we hold about you at any time by contacting our Privacy Officer. By not collecting this information we may be unable to provide you with the accommodation services we offer and to look after your needs during your stay at The Collaroy Centre.

In order to provide you with these services, we may need to disclose this information to organisations and individuals that carry out functions on behalf of The Salvation Army and other external organisations. These organisations and individuals may include health care providers, emergency services and insurance providers. In order to provide you with these services, you consent to our collecting of sensitive and personal information about you, if applicable, from your school, teachers, parents or guardians.

The Salvation Army is an international movement with a presence in over 120 countries. While every effort is made to keep personal information we hold in Australia only, in order to provide you with these services we may need to disclose your personal information to overseas recipients such as IT providers based in the United States of America that manage our servers.

I acknowledge that I have read and understood this privacy notice and freely agree to provide the sensitive information referred to and/or contained in this document to The Salvation Army. I acknowledge that the information I have provided to The Salvation Army is current and I consent to the disclosure of this information to the types of organisations or individuals identified above. I undertake to notify The Salvation Army as soon as practicable if this information is no longer current or if my consent for the collection of this information is withdrawn. I acknowledge that until such time that I notify The Salvation Army that my consent is withdrawn, I agree that The Salvation Army will be entitled to presume that this consent is current and informed.

## ACCEPTANCE OF THE PRIVACY NOTICE

By signing below, I declare that I have read and I agree to the Privacy Notice as outlined above.

Your Name (Please Print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_