

Operation Lead

Please Bring the Following:

- * Enough clothes to last the 7 days, + spare just in case, including church clothes.
- * Shoes you can walk comfortably in
- * Pyjamas
- * Sleeping bag (pillows are provided, but you can bring yours if you prefer)
- * Toothbrush, toothpaste, hairbrush, shampoo, soap– anything you need to stay looking and smelling fresh. **DUE TO ALLERGIES PLEASE DO NOT BRING** items with high concentration of fragrance (i.e. perfume, lynx or other highly scented deodorant)
- * Togs/clothes for waterslide and/or waterfight
- * Bible (let us know if you don't have one & we can get one for you)
- * The bottom half of this page, filled in by you & the parent form, signed by your parent/caregiver



Name _____

What do you hope to learn on Op Lead? _____

What goal would you like to aim towards for the end of Op Lead?

What are your strengths? _____

What are your weaknesses? _____

How would you define "Leadership"? _____

Operation Lead

Parent/Caregiver to fill in & return

Parent/Caregiver Name: _____

Phone Number: _____

Child's Name: _____

Allergies/Health Info: _____

Operation Leader is based on the premise that God desires to heal people (physically, emotionally and spiritually) and to make them whole. Therefore a major focus of the course is inviting God into any pain within the students' lives through prayer ministry, the laying on of hands and the infilling of the Holy Spirit; as well as through mentoring and pastoral counselling. We will always endeavour to explain to the children what is happening, and will only proceed if the child is willing – WE WILL NOT FORCE PRAYER on any child, and ministry will always happen either in a group (where appropriate) or with two leaders of the same gender as the child. As a parent/caregiver are you happy with ministry happening with your child? **Yes** **No**

Consent for treatment "Should a situation arise where my child is sick or injured and urgently requires medical attention, I give to the camp director, or his/her delegate the authority to make any decision concerning his/her immediate treatment, including anaesthetics, medication and operations as in the opinion of the attending physician, are deemed necessary or until as such time as I am able to be contacted. I declare that I shall not hold 3D Mission Training liable for any decision made by him/her for any damage or loss that I sustain as a result of exercising the authority herein granted by me"

Liability Release "I release 3D Mission Training / Global Disciples, its agents, employees and volunteer assistants from any liability whatsoever arising out of injury, damage or loss which may be sustained by my child during the course of his/her involvement with 3D Mission Training

OPTIONAL Media Release "I release 3D Mission Training to use photographs, video footage or other electronic images of my child in publications i.e. advertising for future courses" **Yes** **No**

Parent/Caregiver Signature _____