



Dear Parents/Guardians

It is with great joy and excitement to invite your child to the **Hope Family Church Youth Conference 2026**.

Important information follows:

Venue: Kainos Youth Camp (Vanderbijlpark)
Dates: 27 - 29 March 2026
Departure Time & Place 15:30 from Hope Family Church
Return Time & Place 11:00 from Hope Family Church
Deposit: R125 by **1 August 2025**
Cost: R1,000

Suggested Payment Plan:

August 1st 2025	September 1st 2025	October 1st 2025	November 1st 2025	December 1st 2025	January 1st 2026	February 1st 2026	March 1st 2026
R125	R125	R125	R125	R125	R125	R125	R125

HOPE FAMILY BANK DETAILS

Bank - Standard Bank

Account number – 21963851

Reference - YC– Child's Name

MUSTS!

- Terms and conditions attached
- Rules and regulations attached
- Packing information attached
- Full payment due date – **1 March 2026**
- **ALL Forms** (including Information form; Terms form and Indemnity form) to be returned **by**
Friday – February 27 2026
and
Sunday - 1 March 2026
- **Enquiries information:**
 - o Maya – 060 821 9882
 - o Melissa – 063 125 9985



What to pack?

- ☐ Comfortable clothes for Saturday and Sunday
- ☐ Enough underwear
- ☐ Something warm for the evening activities.
- ☐ Pajamas – remember to keep it decent – gown will be a bonus!
- ☐ Small torch
- ☐ Sleeping needs including:
 - Pillow/s
 - Sheet
 - Duvet/Blanket/Sleeping bag
- ☐ Toiletries including
 - Soap
 - Toothpaste
 - Toothbrush
 - Roll on
 - Deodorant
 - Lotion
 - Hair Tools
 - Flip flops – for showering
 - Mosquito repellent
- ☐ Dining utensils
 - Plate
 - Bowl
 - Cup
 - Knife, fork, spoon
- ☐ Bath towel
- ☐ Sunscreen
- ☐ Water bottle
- ☐ Hat/Cap
- ☐ Proper hiking shoes
- ☐ Small backpack
- ☐ Physical Bible

BIG NO-NO

- ☐ Revealing clothing – including bum shorts, mini-skirts, low cut top or anything too tight
- ☐ Gloomy faces and a bad attitude
- ☐ Fancy clothing (it will be damaged)



HOPE FAMILY CHURCH YOUTH CONFERENCE RULES AND REGULATIONS

1. Youth are expected to behave with respect and good discipline
 2. Smoking and vaping is forbidden
 3. No illegal substances will be permitted
 4. Girls and boys are not allowed to interact in 2s
 5. Youth must participate in all activities
 6. Toilet visits must always be accompanied by a facilitator
 7. No wandering off
 8. No wandering after lights out
 9. Respect fellow campers
 10. No stealing
 11. No foul language
 12. Honour quiet time
 13. Keep room clean
 14. Wash before bed
- This is not your regular camp!

HOPE FAMILY CHURCH YOUTH CONFERENCE TERMS AND CONDITIONS

- ❖ Deposit of R125 must be paid by August 1st 2025 to confirm your spot on the camp
- ❖ Deposit is non refundable
- ❖ All fees must be paid in full by March 1st 2026
- ❖ Full fees excluding deposit are refundable for cancellations between August 1st and January 31st Thereafter a 75% cancellation charge of the total camp fee will be deductible.
- ❖ Total conference cost is subject to increase on any bookings made after August 1st 2025
- ❖ All payments must be paid into the following account, **WITH THE CORRECT REFERENCE NUMBER.**

NET OF CHRIST

Standard Bank

21963851

Reference - YC - Child's Name

I (full name in print)_____ ID Number_____

parent/guardian of (full name in print)_____ confirm that I have read, understand and agree to the terms and conditions and details of the Youth Camp. My child has read and agrees to adhere to all the rules and regulations of the camp. I agree and declare that I shall be responsible to pay the monthly fees to the full amount of R1000 by February 28th 2026. I hereby,

☐ give my consent

☐ do not give my consent, to their participation in this event.

Parent Signature

Date

Youth Signature

Date



PERSONAL INFORMATION

Name & Surname of Youth member:	
Address:	
Date of Birth:	
Cell phone number:	
<u>Favourite bible verse:</u>	
Mother's/Guardian's Name:	
Cell phone number:	
Father's/Guardian's Name:	
Cell phone number:	
Emergency Contact Name:	
Relationship:	
Landline number	
Cell phone number	
Work number	

MEDICAL INFORMATION

Are there any ailments or behaviours which staff should know about? Please tick below:

Medical Aid Name:			
Medical Aid No.			
Private Medical Insurance	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Company: Policy No:

<input type="checkbox"/> Asthma	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Heart Condition	<input type="checkbox"/> Blackouts/fainting/dizzy spells
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Migraine	<input type="checkbox"/> Sleepwalking	<input type="checkbox"/> Travel Sickness
<input type="checkbox"/> Recurring/Recent illness	<input type="checkbox"/> Behavioural/emotional disorders	<input type="checkbox"/> Bed wetting	
<input type="checkbox"/> Other (Please specify)			

Any Additional information:

Allergies:

Please list down anything that your child is allergic to:

Parent/ Guardian Name:		Date:
Signature of Parent/ Guardian:		



INDEMNITY FORM

Dear Parent/Guardian

Please note that pupils will not be allowed to participate in any events or transported on the Youth Conference without a fully completed and appropriately signed indemnity form. This indemnity form serves in the interest of the Hope Family Church facilitators, Kainos Youth Camp staff and any additional activities in which your child may participate in between **27 – 29 February 2026**.

Please take note - Parents who have two or more children enrolled for the trip are required to sign **separate** indemnity forms.

Full name and surname of child_____.

I, _____ in my capacity as parent/guardian of the child listed above, request that my child partake within the Youth Conference hosted by Hope Family Church and Kainos Youth Camp, including to be transported to and from the camping grounds.

I hereby indemnify that me as parent/guardian together with my child as listed above, have thoroughly read through the rules and regulations of the Youth Conference, and by signing this document agree to adhere to it. and absolve Hope Family Church and Kainos Youth Camp from any responsibility regarding loss of or damage to any property or any injury to the said pupil from the time he/she arrives at Hope Family Church to the time that he/she returns to the care of his/her parents/guardian.

I furthermore acknowledge that I as parent/guardian together with my child as listed above, have thoroughly read through the rules and regulations of the Youth Conference, and by signing this document agree to adhere to it.

I further acknowledge that should my child behave against the rules and regulations of the Youth Conference, disciplinary action will be taken based on the misconduct.

I hereby designate the facilitators of Hope Family Church and Kainos Youth Camp, or anyone appointed by them to act in loco parentis on my behalf, and should it be necessary to produce medical or other assistance; or disciplinary action on my behalf and at my expense.

Full Name of parent/Guardian:_____

ID Number:_____ Contact # _____

Parent/Guardian Signature

Date

Youth Signature

Date