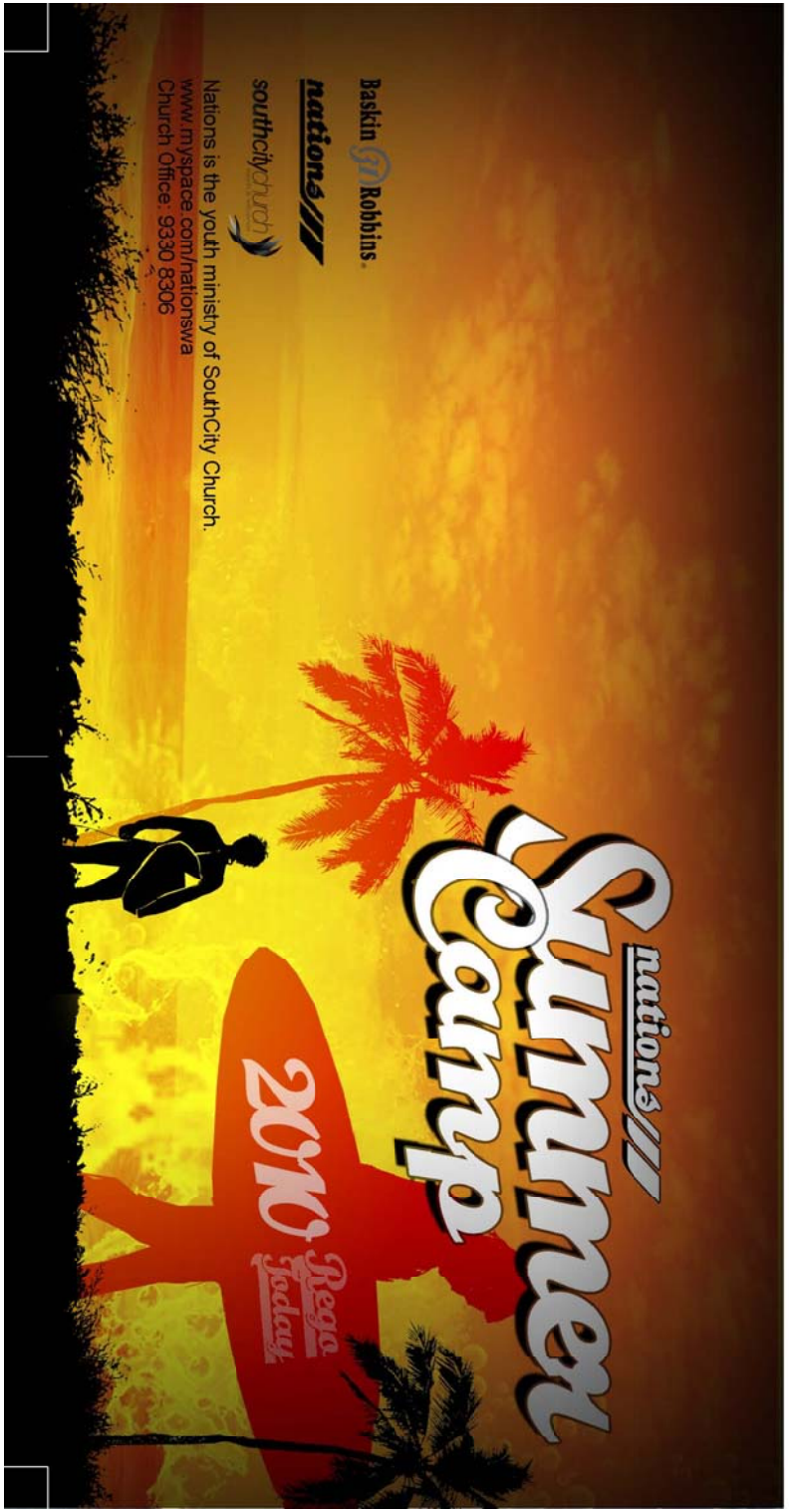

NATIONS SummerCamp 2010 REGO

CNKT GROUP:

PERSONAL DETAILS

NAME:

DOB: GENDER:

ADDRESS:

SUBURB: HOME PH:

MOB PH: EMAIL:

EMERGENCY CONTACT DETAILS

NAME: HOME PH:

RELATIONSHIP:

MEDICAL INFORMATION
IF UNDER 18, GUARDIAN MUST COMPLETE MEDICAL DETAILS BELOW
PLEASE LIST ANY/ALL HEALTH CONCERNS RELATING TO THE CHILD AND/OR REGULAR MEDICATIONS REQUIRING SUPERVISION

LIST ALLERGIES:

MEDICAL TREATMENT CONSENT
I understand that the church will take reasonable steps to provide a safe environment for my child and to ensure that all equipment supplied by them for the activity is of a reasonable standard. I acknowlecge that the church will not be liable for any injury that may be suffered by my child, which arises either directly or indirectly from, or in connection with, the activity described in the schedule incorporated in this form. I hereby agree to indemnify the church against any and all claims arising from, or in connection with, any injury that may be suffered by my child, or that my child may cause to another person, as well as loss or damage to property, equipment or personal effects belonging to my child, or any other person, arising either directly or indirectly out of or in connection with the activity described in the schedule incorporated in this form. I agree that the church authorize on my child's behalf whatever medical treatment he/she may require. (This includes, but is not limited to, ambulance attendance and hospital treatment) I agree to pay all medical expenses incurred.

INVOLVEMENT CONSENT
I give permission for my child to participate in all activities they may choose while attending Nations Summercamp 2010 event. I understand that Nations Leaders reserve the right to exercise its discretion to refuse to grant registration to any child upon medical and/or other grounds without providing a detailed reason for so doing.

PARENT/GUARDIAN

PRINT NAME: DATE:

PHONE NO: SIGNATURE:

TOTAL COST *(Please Tick)* ☐ $150 ☐ Early Bird $130

Payment Method: ☐ Cash ☐ Cheque ☐ Credit

CC A/C HOLDER: CC NO.

CC A/C HOLDER SIGNATURE

EXPIRY DATE: ___/___ CC PROVIDER: ☐ VISA ☐ MASTERCARD ☐ AMEX ☐ DINERS

☐ I HAVE READ AND UNDERSTAND THESE CONDITIONS

REGISTRANT

PRINT NAME: SIGNATURE:

PARENT/GUARDIAN (IF REGISTRANT IS UNDER 18)

PRINT NAME: SIGNATURE: