

# YOUTH CAMP 2015 REGISTRATION

## personal details

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
P/CODE: \_\_\_\_\_ PHONE: \_\_\_\_\_  
MOBILE: \_\_\_\_\_  
DOB: \_\_\_\_\_ GENDER:  MALE  FEMALE

## payment details

CASH  CHEQUE\*  MONEY ORDER  CREDIT CARD\*

\* Cheques should be made payable to Liberty Life Church + Credit card details

NAME ON CARD: \_\_\_\_\_ CARD NUMBER: \_\_\_\_\_  
EXPIRY DATE: (MM/YY) \_\_\_\_ / \_\_\_\_ TOTAL AMOUNT: \_\_\_\_\_  
CARD HOLDER'S SIGNATURE: \_\_\_\_\_

## consent

If you are **over** 18 years of age: read, sign and date form.

If you are **under** 18 years of age: Parent/legal guardian read, sign and date this form.

I give my child permission to attend the Liberty Life Church Youth Camp from 5 pm Friday 18 to Sunday 20 September 2015 and to travel to and from the camp by bus or private car.

I acknowledge that the activities described in the schedule can be hazardous and that I/my child participates at my/their own risk. I understand that the church will take reasonable steps to provide a safe environment for me/my child and to ensure that all equipment supplied by them for the activity is of a reasonable standard.

I acknowledge that the church will not be liable for any injury that I/my child may suffer, which arises either directly or indirectly from, or in connection with, the activities described.

I hereby agree to indemnify the church against any and all claims arising from, or in connection with, any injury that I/my child may cause to another person, as well as any loss or damage to property, equipment or personal effects belonging to me/my child, or any other person, arising either directly or indirectly out of or in connection with the activities described in the schedule incorporated in this form.

I agree that the church may authorise whatever medical treatment I/my child may require (this includes, but is not limited to, ambulance attendance and hospital treatment). I agree to pay all medical expenses incurred.

I understand that photos will be taken and give permission for promotional footage to be used.

## consent agreement

(18+ Adult camper or parent/guardian)

NAME: \_\_\_\_\_  
SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

## health

Emergency person's contact name and phone (available 24/7)

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

Please list any medical conditions, dietary requirements and/or allergies and any medication needed for treatment. Please provide a treatment plan if required (eg. Asthma management plan).

\_\_\_\_\_

Date of last Tetanus injection: \_\_\_\_\_

**PLEASE MAIL REGISTRATION FORM AND FULL PAYMENT TO:**

Liberty Life Church PO Box 530 Marleston SA 5033