



POWER CAMP 2016

PARENT'S/GUARDIAN'S CONSENT FORM

Dear Parent/Guardian,

The Fellowship of Christian Athletes' 2016 Power Camp has arrived! This camp provides excellent instruction and competition through sports-specific and multi-sport focus. Participants will receive outstanding sport skill training, hear compelling speakers, small group time with huddle leaders and opportunities to dig into the Bible and develop spiritual core values from our 2016 camp theme, RISE!

The details and programme of the camp are as follows:

Date: 6 - 9 December 2016 (Tue - Fri)

Time: 8.30 a.m. - 4.00 p.m.

Venue: St. Hilda's Secondary School (to report at the school canteen at 8a.m. on 1st day)

Camp fee: \$40 (students from SHSS), \$70 (early bird by 15 October 2015), \$90 (Normal)

Cost is inclusive of insurance, meals, t-shirt & camp materials.

Please note that there will be some risks involved with participation in this camp, including but not limited to physical injury, contact with other participants, the effects of weather, and other reasonable risk conditions associated with the camp. Adequate safety measures will be taken to minimise risks. All participants will also have accident insurance coverage while participating in the camp.

If you are in favour of your child's participation, kindly complete and sign the reply slip below and return it to us via e-mail to emok@fca.org or WhatsApp to 9152 7417.

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Parent's/Guardian's Consent

Power Camp 2016

I, allow my *child/ward, _____, to participate in the above-mentioned activity.

I can be contacted at: _____ (HP) _____ (H) _____ (O)

HEALTH DECLARATION OF PARTICIPANT			
Indicate with a "✓" if you have a history or are currently affected by the following.			
Heart problems		Muscle problems	
Back problems		Eye problems	
Neck problems		Fractures	
Joint problems		Asthma	
If you have indicated "✓" for any of the above, please provide further details:			
Other condition(s) affecting your participation:		Are you on medication or prescribed drugs? If "Yes", please state:	Yes / No
Special dietary needs? If "Yes", please state:	Yes / No	Allergies (drugs, food, stings.... etc.)? If "Yes", please state:	Yes / No
Any recent surgery or illnesses? If "Yes", please state type, date done and restrictions to your participation:			

Signature of *Parent/Guardian

Name of *Parent/Guardian

Date

*Please delete appropriately.

