



PARENT'S/GUARDIAN'S CONSENT FORM  
**POWER CAMP 2018**

Dear Parent/Guardian,

The Fellowship of Christian Athletes' 2018 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 2018 camp theme, STRONG!

The details and programme of the camp are as follows:

**Date: 4 - 7 December 2018 (Tue - Fri)**

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

**Venue: St. Hilda's Secondary School. Please report at the canteen at 8 a.m. on the first day.**

**Camp fee: \$100 / \$80 for Early Bird registration by 31 Oct 2018**

**(Cost is inclusive of insurance, meals, t-shirt & camp material.)**

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](mailto:emok@fca.org) or WhatsApp to 9152 7417.

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Parent's/Guardian's Consent

**FCA Power Camp 2018**

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.