



PARENT'S/GUARDIAN'S CONSENT FORM
BASKETBALL CAMP 2017

Dear Parent/Guardian,

FCA Singapore's inaugural Basketball Camp has arrived! Participants will receive outstanding basketball training from overseas coaches and opportunities to pit their skills against each other. There will also be a time of Gospel sharing and discussions where participants dig into the Bible to explore values and principles they can develop in and through sport with our 2017 camp theme, ONE!

The details and programme of the camp are as follows:

Date: 4 - 6 September 2017 (Mon - Wed)

Time: 8.00 a.m. - 4.00 p.m.

Venue: ACS (Barker Road). Please report at the Tan Chin Tuan Sports Hall at 8a.m. on 1st day

Camp fee: \$60.00 (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 or WhatsApp to 9152 7417.

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Parent's/Guardian's Consent

FCA Basketball Camp 2017

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.