



PARENT'S/GUARDIAN'S CONSENT FORM LEADERSHIP CAMP 2018

Dear Parent/Guardian,

FCA would like to invite your child to participate in Leadership Camp this November. Coaching the body, the mind and the heart, FCA Leadership Camp aims to produce sports leaders who can be a positive influence in their teams and continuing to do so in their lives both on and off the court.

Please note that while the camp is not evangelistic in nature, Bible references and stories will be used during the sessions.

The details and programme of the camp are as follows:

Date: 29 & 30 November 2018 (Thu & Fri)

Time: 9.00 a.m. – 7.00 p.m. (no stayover)

Venue: Geylang Methodist School (Secondary)

Camp fee: \$100 / \$50 for GMSS students (Cost is inclusive of meals & snacks)

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 Leadership 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.*