

Ridz Gamp

Narwee Baptist Church

I hereby agree to indemnify the church against any and all claims arising from, or in connection with, any injury that may be suffered by my child, or that my child may cause to another person, as well as any loss or damage to property, equipment or personal effect belonging to my child, or any other person, arising either directly or indirectly out of or in connection with the activities participated in during the camp.

IinqA

-Friday 15th

Thursday 14th

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A Risk Assessment can be collected upon registration. This outlines the activities, the risks and the precautions taken to ensure the children's safety.

I agree that the church may authorize on my child's behalf whatever medical treatment he/she may require.

| Person to contact in an emergency: | |
|---|-------------------|
| Telephone No. of emergency contact person: | |
| Signed: | (Parent/guardian) |
| Name of parent/guardian: | |
| Date: | - |
| Payment: \$110 / child cash / cheque / direct debit / PayPal (please circle) | |
| (Please make cheques payable to Narwee Baptist Church) | |
| EFT: Name: Narwee Baptist Church BSB: 704922 A/C No. 100000121 Please inform us of your payment via email to the churchoffice@narweebaptist.org. | au |

| | V | Vhat to bring: |
|---|--|---|
| <u>Cost</u>: \$110 per child. (includes one night accommodation and transport to and from the camp Payment with registration due be Sunday 3rd April, 2016. <u>Travel</u>: By coach fitted with seat b <u>Departure</u>: Meet at Narwee Baptis 8:00am on Thursday 14th April. <u>Arrival</u>: Children to be picked up a Baptist Church. Expected time of a 4:00pm on Friday 15th April. | appropriate for w cool temperatures are not suitable,) efore Shoes (closed in s must be worn dur some activities). Toiletries (toothp toothbrush, soap, shampoo etc.) Sleeping bag. Pillowcase. A pillow is provide every bed | s, skirts s, skirts shoes ring baste, NO mobile phones or electronic games are permitted |
| | What | t we will do? |
| Peakhurst. 2210 Tel: 9534 2699 Robyn Garlick Tel: 02 | Flying fox Trampoline Giant chess Indoor heated pool Beach volley ball Pool / table tennis Games Bible discussions Food. Friends. Heaps of fun. | We will contact the parents of any children whose behaviour is inappropriate and |
| | | |
| Registration Form | Child's Name: | Year at School |
| | | Year at School: |
| | | Postcode: |
| | Mobile: | |
| | | |
| | parate form is available for those with | |
| Medicare No. | | |
| Is your child a competent swimmer: | a , | |
| Details of medication to be taken on | camp: | |
| Other relevant information for camp |): | |
| | pates at his/her own risk. I understand the activity is of a reasonable standard | |
| | not be liable for any injury that may be in connection with, the activities which | e suffered by my child, which arises ch my child participates in during the |

camp.