

# Indemnity

 (please complete one form for each child)

Child's surname: \_\_\_\_\_  
Child's first name: \_\_\_\_\_  
Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_  
Postcode: \_\_\_\_\_ Emergency contact number: \_\_\_\_\_  
Home phone: \_\_\_\_\_  
Family email: \_\_\_\_\_  
Parent's names: \_\_\_\_\_  
Medicare card no: \_\_\_\_\_ Bus needed (east or west): \_\_\_\_\_

Please tick if your child suffers from any of the following:

Bed wetting  ADD/ADHD  Asthma  Allergies

Is this the first time your child has been away at camp? Yes  No

Other information and dietary requirements (please list any information you feel may assist us in the care of your child):  
\_\_\_\_\_  
\_\_\_\_\_

## CONDITIONS OF REGISTRATION

**Medical Treatment Consent:** I give permission for Planet Shakers Ministries Int Inc. (herein known as Planetshakers) authorised staff and volunteers to obtain emergency medical, hospital or ambulance assistance at any time they consider necessary. I understand that every effort will be made for myself to be notified before instituting such procedures. I acknowledge that I will be liable for any medical/hospital/ambulance expense incurred in the treatment for my child. I also understand that while every reasonable precaution will be taken to ensure the protection of my child, I hereby release and hold harmless Planetshakers' authorised staff and volunteers from any and all liability in the event of any injury, accident or misfortune, damage or loss that may occur to the child and their property while present at the Planetshakers Event.

**Involvement Consent:** I give permission for the above child to participate in activities they may choose while attending the Planetshakers Event. I agree and understand that Planetshakers reserves the right to exercise its discretion to refuse to register a child upon a medical and/or other grounds, without providing a detailed reason for so doing. Planetshakers Events will be captured in photographs, video and audio. Planetshakers reserves the right to use this material for promotional purposes. I also understand that every reasonable precaution will be taken to ensure the protection of my child. I hereby release Planetshakers staff and volunteers of liability in the event of any injury, accident or misfortune, damage or loss that may occur to my child and/or their property while present at the Event and within the Event premises.

Parent's Signature \_\_\_\_\_ Date / / 2009

## Payment Details

Payment method: Cash  Cheque  Credit card  (please make cheques payable to Planetshakers City Church)

Name on card: \_\_\_\_\_

Credit card no: \_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_ Expiry Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature \_\_\_\_\_

Featuring: THE PLANETKIDS TEAM SAND CASTLE CAMP

Nintendo Wii

awesome praise and worship

IMPACTING LESSONS

LIVE BAND

BEACH

ROCK CLIMBING WALL

MESSY STUFF

FLYING FOX

BASKETBALL STADIUM

GIANT SWING

CIRCLATRON

planetshakers™

