



CITY-YOUTH
sunshine coast

YOUTH ALIVE CONFERENCE 2010

Name: _____

DOB: _____

Address:

Suburb: _____

P/Code: _____

Ph: _____ Mobile: _____

Emergency Contact Person and No.

Deposit of _____ (Min \$30)

Remaining Balance _____

Payment can be made by Cheque, Credit Card, Eftpos or Cash. Cheques need to be made out to "City Church Ltd".



Permission Slip (Under 18's)

Medical Treatment Consent

I give permission for City Church, Sunshine Coast Champion Centre, 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.

Involvement Consent

I give permission for the above child to participate in activities they may choose while attending the Youth Alive Conference 2010. I also understand that while every reasonable precaution will be taken to ensure the protection of my child, I hereby release and hold harmless City Church, Youth Alive Conference, Sunshine Coast Champion Centre, 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/or their property while present at the Conference.

Conference Date: Monday 18th – Thursday 21st January 2010

Please list any medical conditions that you're child has:

Child's Name: _____

Parent/Guardian Name: _____

Parent/Guardian Ph: _____

Parent/Guardian Signature: _____

Date: _____