





Registration Form



Leavers name _____

Address _____

Phone  _____  _____

Gender   Date of Birth ____/____/____ Grade _____

School _____

*A detailed Medical Information Form will be sent upon receipt of this application.
This medical form must be completed and returned before the event.*

My Agreement

I understand that SU-LEAVERS events are 100% drug and alcohol free activities and I agree to abide by that standard and to follow lawful directions of the leaders of the event.

Signed _____ Date ____/____/____

Parent/Guardian's Consent

I understand that the SU-LEAVERS leaders will take responsible care of my child whilst at SU-LEAVERS and that Scripture Union WA or its representatives will not be liable in any injury or accident, or for damage or loss of property. I give my consent for and agree to pay for any necessary medical treatment.

I understand that in case of unacceptable behaviour, participants will be sent home from the event and billed for any extra costs.

Parent/Guardian Name _____

Relation to participant Father Mother Guardian

Signed _____ Date ____/____/____

Payment

I have included \$ _____ in payment of my LEAVERS fees.

Minimum deposit \$100 is required, non-refundable on withdrawal.

Cheque or Cash (payable to Scripture Union WA)

Credit card

Visa Mastercard American Express Diners' Club

Card No _____

Name on card _____

Signature _____ Expiry ____/____