



SUMMIT SUMMER SPARKS 2021: REGISTRATION FORM (AUGUST 2ND - 7TH.)

BIO DATA:

- Participant’s First Name: _____ Surname: _____
- Mother’s Name: _____
- E-mail: _____ Phone: _____
- Father’s Name: _____
- E-mail: _____ Phone: _____
- Participants Age: _____ Gender: (please underline) _____ Male | Female.
- Home Address: _____

EMERGENCY CONTACT

- In a medical emergency, please call:
Name: _____ Phone: _____
- Authorized pick up contact:
Name: _____ Phone: _____

DIETARY & MEDICAL CONSIDERATIONS

- Does the participant have any medical conditions/disability that we should be aware of? Yes | No
If Yes, provide details here: _____
- Will the participant be on any medications during the camp? Yes | No
If Yes, provide details here: _____
- Is the participant allergic to anything that we should know? Yes | No
If Yes, provide details here: _____

ANY OTHER INFORMATION THAT WE SHOULD HAVE

Is there anything else that you would need us to know about your child and their participation in this program?

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.....

PARENTAL CONSENT

I hereby give permission to Summit Summer Sparks 2021 to photograph and/or videotape my child,
..... (Participant’s name)
for educational and promotional purposes.

I (Parent’s name) hereby consent to the following: that information contained on this form is true. My child is fit to participate in the camp activities (including skills training, games, ice breakers and/or competitions) and will abide by camp’s regulations. I am fully aware that any activity involving motion creates the possibility of serious injury. Therefore, I release Summit Bible Church, Summit Summer Sparks coordinating team from liability arising from injury or loss of property to my child. In the case of inappropriate conduct, the organizers have a right to discipline which can include sending my child home.

..... (Parent’s signature and date)

BANKING INFORMATION - ACCESS BANK, SUMMIT BIBLE CHURCH, 0016744415. (N7,500)

Please attach participant’s passport to this form. Thank you for completing this form.