

THIRSTY? FEST 09

Fun | Friendship | Worship

3 DAY MUSIC FESTIVAL JUNE 09, WARNAMBOOL



REGISTRATION FORM

First Name/s and age 1 _____ Email _____
2 _____ Address _____
3 _____
4 _____ Contact Phone Number _____
5 _____ Emergency Contact (name and number) _____
6 _____
7 _____ My Church is _____

Surname _____

Yes please - I want a Family Discount for more than 2 registration (tick box)

CONSENT DETAILS

MEDICAL TREATMENT CONSENT: I understand that whilst reasonable care will be taken to ensure the welfare & protection of my child, I release Thirsty? and

(your church name) _____ and their staff and volunteers from any and all liability for any and every injury, damage or loss that may occur to myself or my child(ren) or my/their property. In the case of emergency, I hereby give permission for the First-Aid staff to ensure proper treatment for my child(ren) or myself. I understand that reasonable effort will be made to contact me before instituting such procedures, however in any event I agree to pay all doctor, ambulance and hospital fees occurred on behalf of my child(ren) and / or myself.

CHILD TRANSPORT CONSENT: I the parent/guardian give permission for my child(ren) to be safely transported to ThirstyFest in Warnambool and to workshops and other Thirsty? or church activities during the event.

CHILD PARACETAMOL CONSENT: I give permission for the First-Aid staff to administer paracetamol to my child(ren) if deemed necessary by the First-Aid staff.

I INDEMNIFY Thirsty? and (your church name here) _____ and their staff and volunteers in respect of all liability incurred in relation to any and every injury, damage & loss sustained by myself or my child(ren) in relation to the ThirstyFest Event.

PHOTO CONSENT: I give permission for Thirsty? to capture my image on video or still photography or the image of my child(ren). Thirsty? reserves the right to use this material for promotional purposes.

MAIL OUTS: I am happy to be contacted regarding future Thirsty Events

Signature _____

Cheque payable to Coastlands International Christian Centre,
PO Box 324, O'Halloran Hill SA 5158

Credit Card Payment Details

Type: Visa Mastercard Bankcard Card No:
Card Name: _____ Expiry Date: CIV No:

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