



PERMISSION SLIP AND MEDICAL RELEASE  
"OUTSTANDING ACHIEVERS CAMP(OAC)"  
18-20 April 2019 at Sida Resort, Nakorn-Nayok.

Campers Name (As in Passport): \_\_\_\_\_ Nick Name: \_\_\_\_\_ Age: \_\_\_\_\_

Contact Parents name and Contact: \_\_\_\_\_

THIS REGISTRATION FORM IS NOT VALID WITHOUT THE FOLLOWING TWO SIGNATURES

2 Parental Release:

I agree that my above-named son/daughter may attend the OUTSTANDING ACHIEVERS CAMP(OAC) 18-20 April 2019 at Sida Resort, Nakorn-Nayok.

I agree with him taking part in all of the activities described in the course schedule. I acknowledge that these activities involve risk of serious injury or death. I acknowledge the need for responsible behavior and obedience on his/her part. The program may include sporting activities/all camp games/teambuilding games/team sports/field games (Such as Dog and Bone, Captains ball, football, volleyball etc), Jungle trekking and mingling with other individuals and groups. Please contact Camp In-Charge/ Leading Performance Thailand (LPT) if you have any Questions or concerns.

I give permission for my child to ride in chartered busses and vehicles used for camp trips or camper transport. I understand the Camp fees are non-refundable.

I understand that I will need to contact LPT directly to arrange for participation for the next camp if my child is unable to attend the agreed camp.

I understand and give permission for media shots – both pictures and Videos of my child and my family to be used for Leading Performance Thailand Co., Ltd, Life University and OAC informational and promotional purposes.

Declaration for camper's health and fitness.

1. Is your child suffering any sickness / injury or chronic diseases that will affect his or her participation in the activities ran during the camp?

No.

Yes (please specify) \_\_\_\_\_

2. Is your child under any medication? (YES / NO) If yes, please specify?

No.

Yes (please specify) \_\_\_\_\_

3. Does your child suffer from any physical or mental disorder?

No.

Yes (please specify) \_\_\_\_\_

4. Does your child have allergies to food/ drink/ medicine?

No.

Yes (please specify) \_\_\_\_\_

I (Parents name) \_\_\_\_\_ ensure that all information that stated in this form are true and had read carefully and understand and agree to send my kid to this camp

Declarations:

In the event of an accident or an illness during this event that needs immediate treatment, I agree to my son/daughter receiving first aid and medical treatment from qualified practitioners, including life-saving treatments, as may be considered necessary by Camp Head Safety Officer.

I also authorize the transport of my child, by ambulance if necessary, to the nearest medical facility.

I Understand the extent and limitations of the insurance coverage as provided by the organization sponsoring the event and that my medical insurance is primary, unless otherwise specified.

I will not request for any lost of kid's stuff or kid destroy something in the resort I will responsible for the cost

I will inform the leaders of the event as soon as possible if there is any change in medical circumstances regarding my child between the date signed below and the start of the event.

Signature of Parent/Guardian: \_\_\_\_\_

Name as Appear on Passport: \_\_\_\_\_

Date: \_\_\_\_\_

\*\*\*Note: Coming Late or Leaving Early: Transportation to Sida Resort is not provided other then the times stated in instructions. Unusual situations which require the camper to arrive late at assembly point in Bangkok or depart Camp/Sida Resort Early, require and additional release to be submitted to Camp Head. Transport that is not agreed by LEADING PERFORMANCE (THAILAND) Co., Ltd. on first and last day will be charged accordingly or arranged individually at own cost\*\*\*.