

STAY AWAKE 2024

Pulse Youth Group

Northpoint City Church

The STAY AWAKE 2024 will be happening from the 13th-14th September 2024. Doors will open at 18:00 on the 13th, and pick-up time will be at 06:30 on the 14th. It will cost R150, this will cover the food and activities we will be doing for the evening. As the name suggests, it is an 'all-nighter' so there is no need to bring any bedding.

For more information go to npcc.org.za or contact Brad; 076 412 2110.

INDEMNITY FORM

LETTER OF PERMISSION FOR YOUR CHILD TO ATTEND THE STAY AWAKE AT NORTHPOINT CITY CHURCH, 195 BELLAIRS DRIVE.

I, (add your name) _____, the parent/guardian of, (add your child's name), _____.

I:

1. hereby give permission for him/her to participate attend the Stay Awake, and participate in all activities.
2. hereby indemnify and hold Northpoint City Church, its agents, representatives, and educators harmless against any claim or demand arising from the death of or injury to my child or any loss of or damage to property, of whatsoever nature and howsoever sustained, including consequential loss, arising from or occasioned by my child's participation in any such sporting or activities.
3. agree that, if in the opinion of the Northpoint City Church Leaders/Pastors an emergency has arisen and medical treatment be deemed necessary for my child, they the authority (which is hereby delegated to the extent such delegation may be required) to consent to such medical treatment, including surgical intervention, on my behalf.
4. accept that all precautions will be taken to ensure the safety and welfare of my child and that I will be held responsible for the payment of medical and/or hospital accounts where applicable.
5. As far as I am aware my child is physically capable of participating in the said sporting or extracurricular activities and he is in good health. However, the persons responsible should please note the following:

I confirm that I am the authorized parent/guardian of the above mentioned and have read the above statement.

Sign: _____

Date: _____

Location: _____

Is there anything we should be aware of? (Food allergies, medical allergies or physical conditions)

Contact number in case of an emergency:

Name: _____

Number: _____

Medical aid information:

Medical aid Fund: _____

Medical aid Number: _____

Name of Main Member: _____

I hereby understand that the information provided will be submitted to a third party in case of an emergency (POPI Compliance) (please tick)

Photo's of my child may used on the Pulse social media pages to show what we have done at the Stay awake and for future events. (y (n