



# CONFIRMATION 2017

Confirmands Details

<b>Confirmand Details</b>			
Full name and Surname			
Date of Birth			
Cell phone number			
School and grade			
<b>Which of the following do you have?</b>			
WhatsApp	<input type="checkbox"/>	Facebook	<input type="checkbox"/>
	<input type="checkbox"/>	Instagram	<input type="checkbox"/>
Have you completed Alpha?			
Have you been baptised as a child?			
Are you currently attending church at West View?			
If you are not from West View, which church do you attend?			
Do you have any allergies/medical conditions that we should be aware of?			
Do you take any medication? If so, please provide details			
Do you have any dietary requirements? If so, please provide details			



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Parent Details

Parents/guardians Details	
Full name and Surname (mom)	
Contact number (c)	
Contact number (h)	
Contact number (w)	
Email address	
Full name and Surname (dad)	
Contact number (c)	
Contact number (h)	
Contact number (w)	
Email address	
Medical Information	
Medical Aid	
Medical Aid number	
Medical Holder	
Doctors name	
Doctors number	
<b>Do you use any of the following social media platforms? If yes, which ones?</b>	
WhatsApp	Facebook
Instagram	Twitter
Are your family currently members of West View?	
If you are not from West View, which church do you attend?	

## Camp Consent

I \_\_\_\_\_, (parent/guardian) of \_\_\_\_\_ hereby give consent for my child to attend the **Confirmation Camp from 18 to 20 August 2017** They may participate in all the camp activities taking place during the course of the camp. I accept that all reasonable precautions will be taken to ensure the safety and welfare of my child and that I shall be held responsible for the payment of medical and/or hospital bills should an injury occur. I give full authorization to the Camp Director and his representative should medical treatment/surgery/dental treatment be deemed advisable by a licensed practitioner, surgeon or dentist - whether such diagnosis or treatment is rendered at the office of a doctor, at a hospital, the camp or elsewhere.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date