

Dear Parent/ Guardian

This is to inform you of the following event organized by Living Sanctuary Brethren Church.

LSBC FAMILY CAMP 2020

The details of the event are as follows:

Date: **17 June (Wed) to 20 June (Sat) 2020**

Venue: **Sunway Putra Hotel, Kuala Lumpur**

Camp Fee for Youth: **S\$320** (for payment on 8 Mar & 15 Mar)

S\$340 (for payment on 22 Mar)

Camp fees include hotel accommodation (triple sharing) and meals (**3x breakfast, 2x lunch, 2x dinner**). The main camp programme will take place within the Hotel.

Free time is also given for campers to enjoy food and recreation outside of the Hotel premises at their own expense^.

If travelling by LSBC-chartered coach, please note:

Departure for Kuala Lumpur on 17 June:

Assemble at 8.15 am at Living Sanctuary Brethren Church (LSBC)

(Lunch at designated rest-stop will be at own expense)

Arrival in Singapore on 20 June:

Coaches will leave Sunway Putra Hotel from 12.45pm (*Estimated time of arrival at LSBC: 7.30pm*)

Participants aged 16 years and below who are NOT accompanied by a parent/guardian at this Camp will need to submit a Parental Consent Form

Camp registration must be made online at <http://www.lsb.org.sg/FamilyCamp> and is complete only upon full payment and submission of this Parental Consent Form.

^For further enquiries regarding this camp, kindly contact Irene Tan at familycamp@lsbc.org.sg

PARENTAL CONSENT FORM

I, _____ *parent/guardian of _____
consent to his/her participation in **LSBC Family Camp 2020**.

I understand that Living Sanctuary Brethren Church (LSBC) recognise that they have a duty of care for my child/ward and will take reasonable steps to provide for the safety and well-being of my child/ward.

I agree that I shall not hold LSBC liable for any personal injuries that my child/ward may suffer as a result of any accident not caused by the wilful default of LSBC. In connection therewith I shall indemnify LSBC against any actions, claims, costs, loss or damage that LSBC may incur as a result of the accident and the personal injuries.

I hereby authorise LSBC, in the event of an emergency affecting my child/ward, to arrange for medical treatment to him/her at my cost.

Signature of *Parent/ Guardian: _____ Date: _____

Name of *Parent/Guardian: _____ Contact No: _____

** Delete as appropriate.*

Information is accurate at time of printing.