

Application Form

Bolded fields indicate required fields that MUST be completed.

<i>Child's Information</i>	
First Name	<input style="width: 100%;" type="text"/>
Last Name	<input style="width: 100%;" type="text"/>
Middle Initial	<input style="width: 100%;" type="text"/>
Street Address	<input style="width: 100%;" type="text"/>
City	<input style="width: 100%;" type="text"/>
State	<input style="width: 100%;" type="text"/>
Post Code	<input style="width: 100%;" type="text"/>
Country	<input style="width: 100%;" type="text"/>
Date of Birth (Day/Mth/Year)	<input style="width: 100%;" type="text"/>
Age	_____ years _____ months
Male/Female	<input type="checkbox"/> M <input type="checkbox"/> F
Weight of Child (kg)	<input style="width: 100%;" type="text"/>
Name of Child's Medical Condition (Diagnosis)	<input style="width: 100%;" type="text"/>
Required Information - Describe symptoms and behaviors your child is experiencing as a result of their medical condition. (Examples: unable to walk, suffers from insomnia, cannot digest food etc.) DO NOT SEND MEDICAL RECORDS UNLESS REQUESTED.	<input style="width: 100%; height: 100px;" type="text"/>
Does the child require a liquid diet or are they tube fed? Specify how many ounces and feedings per day.	<input type="checkbox"/> Y <input type="checkbox"/> N
List any micronutrients the child is taking, amounts, & times per day:	<input style="width: 100%; height: 40px;" type="text"/>
Has this condition been diagnosed by a doctor?	<input type="checkbox"/> Y <input type="checkbox"/> N

<i>Parent/Guardian Information</i>	
Parent/Guardian First Name	<input style="width: 100%;" type="text"/>
Parent/Guardian Last Name	<input style="width: 100%;" type="text"/>
Day Phone	(_ _) _ _ _ - _ _ _ _
Evening/Alternate Phone	(_ _) _ _ _ - _ _ _ _
Mobile Phone	_ _ _ _ _
E-Mail	_____ @ _____
Fax	(_ _) _ _ _ - _ _ _ _

Doctor Information

Doctor Name	
Phone Number	(_) _ _ _ - _ _ _

Financial Sponsor Information
Please note: without funding shipments can not be processed.

(This can be the Parent/Guardian, Family Member, Friend, Business or person who referred you to the program)

Will you financially sponsor your own child?	<input type="checkbox"/> Y <input type="checkbox"/> N
Sponsor First Name	
Sponsor Last Name	
Street Address	
City	
State	
Post Code	
Country	
Day Phone	(_ _) _ _ _ - _ _ _
Evening Phone	(_ _) _ _ _ - _ _ _
Mobile Phone	_ _ _ - _ _ _
E-Mail	_ _ _ @ _ _ . _ _ . _ _
Fax	(_ _) _ _ _ - _ _ _

Payment Method – Credit Card

Please note that Endowment Australasia is unable to issue donation receipts at this time.

Hope Sponsorship Options	<input type="checkbox"/> AUD\$175 a month for 6 months <i>(total of AUD\$1050)</i> <input type="checkbox"/> AUD\$350 every 2 months over the 6 months <i>(total of AUD\$1050)</i> <input type="checkbox"/> AUD\$1000 one-time
Credit Card	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard
Credit Card Number	_ _ _ - _ _ - _ _
Credit Card Expiration Date	_ _ / _ _
Cardholder Name	
Cardholder Signature	

Payment Method – Cheques

Hope Sponsorship Options	<input type="checkbox"/> AUD\$350 every 2 months over the 6 months <i>(total of AUD\$1050)</i> <input type="checkbox"/> AUD\$1000 one-time
Cheque Number	

<i>Referred By</i>	
The person who told you (the parent) about Endowment Australasia's program.	
Name	<input style="width: 90%;" type="text"/>
Street Address	<input style="width: 90%;" type="text"/>
City, State, Post Code, Country	<input style="width: 90%;" type="text"/>
Day Phone	(<input style="width: 10%;" type="text"/>) <input style="width: 40%;" type="text"/> - <input style="width: 10%;" type="text"/> <input style="width: 40%;" type="text"/>
Mobile Phone	<input style="width: 90%;" type="text"/>
E-Mail	<input style="width: 80%;" type="text"/> @ <input style="width: 10%;" type="text"/>
Fax	(<input style="width: 10%;" type="text"/>) <input style="width: 40%;" type="text"/> - <input style="width: 10%;" type="text"/> <input style="width: 40%;" type="text"/>

<i>Endowment Australasia Inc.</i>
<i>PARENTAL RELEASE AND INDEMNIFICATION FORM</i>

My minor child, as listed below, has my permission to fully participate in Endowment Australasia's Hope Program and to participate in all activities associated with the above named program. I represent that I am lawfully acting in the capacity as the parent, natural or legal guardian of the named child.

In connection with and in consideration of my child's participation in the Program, I, on behalf of my child and myself, my heirs, personal representative(s) and assigns, hereby represent and agree as follows:

1. I am aware that my child will be participating in a Program which is being provided by Endowment Australasia Inc., a non-profit corporation. I am further aware that the nutritional supplements being provided for use in the program are represented by the supplier to contain all natural ingredients. Each product label contains an ingredient list provided by the supplier to each consumer. Endowment Australasia has no further product information other than that contained on the product label. I have been informed that there are no known side effects from consumption of these food supplements, other than potential allergic reactions to any food contained therein.
2. I understand that my child is not in any way required to participate in the Program, but my child is able to participate and I consent to my child's participation. Products provided by Endowment Australasia Inc. may only be consumed by the child enrolled and cannot be sold or exchanged. Infractions to this policy may be grounds for dismissal from the program. Any unopened products should be returned to Endowment Australasia if not consumed by the child enrolled.
3. To the fullest extent permitted by law, I hereby release and forever discharge, and agree not to sue and to indemnify and hold harmless, Endowment Australasia Inc, its governing board, officers, agents, employees and volunteers from and against any and all liabilities, claims, demands and causes of action of any kind on account of any loss, damage, illness or injury to person or property in any way arising out of or relating to my child's participation in the Program and/or related activities, whether due to the negligence, mistake or other action or inaction of Endowment Australasia Inc. or any other person or entity. In addition, I hereby grant to Endowment Australasia Inc. all rights to, and permission to use in Endowment Australasia Inc. sole discretion, any pictures, descriptions, video material, and audio material of me or my child regarding my child's participation in the Hope Program.

I CERTIFY THAT I AM 18 YEARS OF AGE OR OLDER AND THAT I HAVE READ AND FULLY UNDERSTAND THIS RELEASE AND INDEMNIFICATION FORM, AND I SIGN IT VOLUNTARILY WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE.

Signature of Parent/Guardian	<input style="width: 95%;" type="text"/>	Date	<input style="width: 15%;" type="text"/> / <input style="width: 15%;" type="text"/> / <input style="width: 15%;" type="text"/>
Name of Parent/Guardian	<input style="width: 95%;" type="text"/>	Contact Telephone	(<input style="width: 10%;" type="text"/>) <input style="width: 40%;" type="text"/> - <input style="width: 10%;" type="text"/> <input style="width: 40%;" type="text"/>
Participating Child's Name	<input style="width: 95%;" type="text"/>	Age	<input style="width: 95%;" type="text"/>
E-Mail	<input style="width: 80%;" type="text"/> @ <input style="width: 10%;" type="text"/>		

Send Application to: Endowment Australasia Inc., PO Box 287, Rosanna, VIC 3084 Australia
Phone: (03) 9381 0826 Fax: (03) 9381 0847 Email: hope@endowmentaustralasia.org