



## FOLKESTONE SUMMER CAMP PROGRAMME 2010

### REGISTRATION FORM

**Instructions: Please complete the form below.**

#### **Personal Information**

Name of Camper:

Date of birth:

Age:

Gender:      Male

Female

#### **Guardian Information**

Name of Parent/Guardian:

Relationship to Camper:

Address:

Tel. No. (Home):

Tel. No. (Work):

Email:

#### **Medical And Health Information**

Does your child/ward suffer from any illness/allergies?      Yes      No

Other:

If yes, please specify:

Is your child on a special diet?      Yes      No

If yes, please specify:

Is your child/ward on medication?      Yes      No

If yes, please specify:

#### **Emergency Instructions**

Doctor's Name or Polyclinic:

Telephone Nos.:

#### **Additional Information**

Can the applicant snorkel?

Can the applicant swim?

Why does the applicant want to join this programme?

I give my permission for Life Guard to administer First Aid, call a Doctor or seek emergency, medical/surgical care for my child/ward \_\_\_\_\_ in the event that I cannot be reached I give permission for my child/ward to participate in trips away from the camp premises, whether or foot or by vehicle.

#### **SIGNATURE**

Signature of guardian:

Date: