

SUMMER CAMP REGISTRATION FORM

NAME OF CHILD	
NAME OF PARENT/S	
ADDRESS	
PHONE	
E MAIL	
D.O.B	
AGE	
GENDER	
EMERGENCY CONTACT NUMBER	
IF YOUR SON/DAUGHTER HAS ANY SPECIAL NEEDS (MEDICAL OR OTHER),PLEASE PROVIDE DETAILS .	
CAN YOUR CHILD SWIM A MINIMUM OF 50 METRES?	

DISCLAIMER

I HEREBY AUTHORISE THE STAFF TO CALL FOR MEDICAL ASSISTANCE IN THE CASE OF AN EMERGENCY.

ACTIVE ISLAND SPORTS ARE NOT LIABLE FOR ANY INJURY OR LOSS SUFFERED BY YOUR CHILD ON THESE REGISTERED SUMMER CAMPS.

I WILL NOT HOLD ACTIVE ISLAND SPORTS RESPONSIBLE FOR ANY LOSS OR DAMAGE TO PROPERTY.

SIGNED BY PARENT/GUARDIAN