

SUMMER CAMP REGISTRATION FORM

PLEASE SPECIFY THE CAMP, DAY AND TIMES _____

Last Name: _____ **First Name:** _____

Gender: Female Male **Age & DOB:** _____

School & Year: _____

Home address & Post Code: _____

Parent email: _____

Mother's name: _____ **Father's name:** _____

Mother's day phone: _____ **Father's day phone:** _____

Mother's Mobile: _____ **Father's Mobile:** _____

Person's Authorised to pick up child: _____

Emergency contact*: _____ **Relationship:** _____ **Phone:** _____

Specify any of your child's health problems: _____

Is your child on any medication? No/Yes If so, please specify: _____

Payments: PLEASE HAND IN COMPLETED FORM WITH PAYMENT TO **EMMA**.

FOR A MEMBERSHIP APPLICATION FORM, PLEASE SEE EMMA

SIGNATURE OF PARENT OR GUARDIAN _____ **DATE** _____