Registration Form

*Please complete and return this form to **The Zone***

Sleepover Camp 2012

Saturday, March 3, 3:00 p.m. to
Sunday, March 4, 3:00 p.m.
Member Child: $150
Drop off and pick up at The Zone
Restricted to Members only, aged 8 to 11
Maximum of 40 participants

Name of participant: ______________________ D.O.B.:______________ (DD/MM/YY) Gender: Male/Female

---

CANCELLATION POLICY:

- UPON RECEIPT of registration form: 20% of camp fee (non-refundable)
- Less than one week before camp: 50% of camp fee
- Less than 48 hours before camp commencement: 100% of camp fee

---

Parent's/Guardian's Name: ______________________ Membership No.: ______________

Home Address: ____

Contact No.: (1)______________ (2)______________ (3)______________

Email: ____

Emergency Contact Person: ______________________ Contact No.: (DD/MM/YY) ______________

Signature of Parent/Guardian: ______________________ Date of Submission: ______________

Liability Waiver: The American Club, its servants or agents, the General Committee or Club Trustees or any of them is not responsible or liable to any person participating in the program activity for any death, injury, damage or loss suffered by or caused to such person in the course of participation. The undersigned hereby undertakes to indemnify The American Club, its servants or agents, the General Committee or the Club Trustees against all claims brought against them arising out of death, injury, damage or loss suffered or caused in the course of participation. This includes all costs and expenses incurred as a result of such claims.

Pro-Rata Billing: Please note there is no pro-rata billing for camp days missed through illness, unless a medical certificate is received. Members unable to attend the camps due to illness must advise The Club on that particular day. The certificate must be received at the Youth Desk within 48 hours of notification. Pro-rata billing will be effective if a camp day is missed due to a Public Holiday/ Club Event Day.

FOR OFFICIAL USE

Date of Registration Form received: ______________________ Received by: ______________________

(DD/MM/YY)

Medical Record
Health History

Sleepover Camp 2012

Saturday, March 3, 3:00 p.m. to
Sunday, March 4, 3:00 p.m.

Please disclose any medical or health information which would affect your child's participation and interaction in Camp. Please include activities to be encouraged or restricted. Note: This information will be kept confidential.

Name of Participant's Physician: ______________________ Contact No.: ______________

Type of medication taken regularly (names): ______________________________

Part I: Illness and injuries (✓ Check those that apply)

❍ Ear infection
❍ Asthma
❍ Diabetes
❍ Bleeding/Clotting Disorders
❍ Heart Defect/Disease
❍ Musculoskeletal Disorders
❍ Hypertensions
❍ Hypoglycemia
❍ Seizures
❍ Others (Please specify)
____
____

Part II: Allegies/Special dietary restrictions (health or religion)

____
____

Part III: Other health or behavorial conditions (✓ Check those that apply)

❍ Wears glasses
❍ Nosebleeds
❍ Constipation
❍ Fainting
❍ Motion sickness
❍ ADD/ADHD
❍ Hearing impairment
❍ Sickle Cell Trait/Disease
❍ Autism
❍ Others (Please specify)
____

Part IV: Immunization(s)

Up to date? ❍ Yes ❍ No Date of last physical exam: ______________

Child has had ❍ measles ❍ mumps ❍ chicken pox ❍ whooping cough ❍ H.F.M.D.

Others (Please specify): ______________________________

Part V: Activities restriction (If any, please specify)

____
____

"In case of emergency, if I am unable to be notified, I hereby give permission to the physician selected by the adult-in-charge to hospitalize and secure proper treatment for my child."

Signature of Parent/Guardian: ______________ Date: ______________
(DD/MM/YY)