

# R e g i s t r a t i o n   F o r m

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

## Stars 'n Stripes Winter Camp 2011

December 19 to January 6

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> Yankee Winter Camp<br>2- to 4-years-old<br>Monday - Friday<br>9:45 a.m. - 11:30 a.m.<br>\$200 per week<br>\$45 per day | <input type="checkbox"/> 4- to 5-years-old<br>Monday - Friday<br>9:45 a.m. to 1:30 p.m.<br>\$360 per week<br>\$80 per day | <input type="checkbox"/> 6- to 8-years-old<br>Monday - Friday<br>9:30 a.m. to 3:30 p.m.<br>\$430 per week<br>\$95 per day | <input type="checkbox"/> 9- to 11-years-old<br>Monday - Friday<br>9:30 a.m. to 3:30 p.m.<br>\$550 per week<br>\$120 per day |
|---|---|---|---|

### 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

### Week 1

- Day 1 - December 19
- Day 2 - December 20
- Day 3 - December 21
- Day 4 - December 22
- Day 5 - December 23

### Week 2

- Day 1 - December 26
- Day 2 - December 27
- Day 3 - December 28
- Day 4 - December 29
- Day 5 - December 30

### Week 3

- Day 1 - January 2
- Day 2 - January 3
- Day 3 - January 4
- Day 4 - January 5
- Day 5 - January 6

• Daily & weekly sign ups available

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

Parent's/Guardian's Name: \_\_\_\_\_ Membership No.: \_\_\_\_\_

Contact No.: (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_

Email: \_\_\_\_\_ Name of School: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date of Submission: \_\_\_\_\_  
(DD/MM/YY)

### **FOR GUEST**

Parent's/Guardian's Name: \_\_\_\_\_ Contact No.: \_\_\_\_\_

Sponsoring Member's Name: \_\_\_\_\_ Membership No.: \_\_\_\_\_

\* Charges will be incurred by the Sponsoring Member  
\* Additional 10% premium charge for Guest

\* Promotions & discounts are not applicable  
\* Guest Child will be put on the waiting list and will be notified 5 days prior to Camp date

### **RECIPROCAL MEMBER CREDIT CARD DETAILS:**

Name of Card Holder: \_\_\_\_\_

Type of Card: Mastercard / VISA / AMEX / Others: \_\_\_\_\_

Card Number: \_\_\_\_\_ Card Expiry Date: \_\_\_\_\_

\*The information will be used should the signing Reciprocal Card Member fail to settle the charges stipulated in the Registration Form.

\*All information will be kept private and confidential.  
\*The participating Reciprocal Club Member will be put on the waiting list and will be notified 5 days prior to Camp date.

### **FOR OFFICIAL USE**

Date of Registration Form received: \_\_\_\_\_ Received by: \_\_\_\_\_

# Medical Record Health History



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)

- |                                     |   |                                     |   |
|-------------------------------------|---|-------------------------------------|---|
| <input type="radio"/> Ear infection | <input type="radio"/> Bleeding/Clotting Disorders | <input type="radio"/> Hypertensions | <input type="radio"/> Others (Please specify) |
| <input type="radio"/> Asthma        | <input type="radio"/> Heart Defect/Disease        | <input type="radio"/> Hypoglycemia  | _____   |
| <input type="radio"/> Diabetes      | <input type="radio"/> Musculoskeletal Disorders   | <input type="radio"/> Seizures      | _____   |

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

\_\_\_\_\_  
\_\_\_\_\_

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

- |                                     |   |   |
|-------------------------------------|---|---|
| <input type="radio"/> Wears glasses | <input type="radio"/> Motion sickness           | <input type="radio"/> Autism                  |
| <input type="radio"/> Nosebleeds    | <input type="radio"/> ADD/ADHD                  | <input type="radio"/> Others (Please specify) |
| <input type="radio"/> Constipation  | <input type="radio"/> Hearing impairment        | _____   |
| <input type="radio"/> Fainting      | <input type="radio"/> Sickle Cell Trait/Disease | _____   |

**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)

**Liability Waiver:**

The American Club, its employees, agents, and/or representatives of the General Committee, are not responsible or liable for any death, injury, damage, or loss suffered by or caused to any person in the course of participation in the program activity. The undersigned hereby undertakes to indemnify The American Club, its employees, agents, and/or representatives of the General Committee against all claims brought against them arising out of death, injury or loss suffered or caused in the course of participation. This includes all cost 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 apply if a camp day is missed due to a Public Holiday.

