REGISTRATION FORM

Please type or print legibly.

Last Name:
Gender: Female/ Male
School:
Grade attended_____

PARTICIPANT INFORMATION

First Name: _____

Age: _ T-Shirt Size_____

Home address:
City: State: Country: Telephone:

Parent email:
(Include area code with telephone)

Please list Accommodations needed:

Mother's name:

Postal Code: mobile:

Father's name:

Mother's day phone: Father's day phone:

Mother's cell: Father's cell:

_____

Person's Authorized to pick up child:_____

(Please provide a copy of their ID)
Other Dismissal Arrangements_____
Emergency contact*: Relationship: Phone: Specify any of Your child's health problems:

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

Lunch: If you will be sending your child's lunch, please be sure that your child's lunch is clearly marked with your child's name and last name. Refrigerators will be available for your child to store his/her lunch. Glass bottles/containers are not allowed.

Payments: Tuition may be paid by cash or by check.
Make the check payable to: **kalak vision and Actions**

Camp Fees:

- Full 5 days of camp £230/week
- Half 5 day5 of camp £165/Week

Registration fee: £70 of which 50% (£35) will be accredited to the first week of camp fee.

Contact Information

For more information, contact Claude Mouteng Camp Director on 07956000973

Emails: claude@kalakvisionandactions.org

SIGNATURE OF PARENT OR GUARDIAN DATE

I understand that the first week balance is due by June 10th.Please note, We do not provide make-ups or refunds for any days missed for any reason. Please do your best to come to kalak Summer camp for the 5 days you have paid for.

DROP OFF AND PICK UP TIMES

Pick up and drop off location :

Rander Cremer Primary School E2

Date :

Time : 13:00

Return

Time 16:00

- A £1 fee will be charged for every minute late after a 10 minute courtesy wait.

REQUIRES PARENT'S SIGNATURE:

You have our permission, in the event of an emergency and in case we are unavailable, to authorize any physician, nurse practitioner or medical personnel to examine, interview, test and if necessary, treat my child_____ __ as they may deem advisable.

Parent/Legal guardian name_____ ___Date_____ Parent/Legal guardian Signature_____ ____Date_____ Student Allergies_____ _____

Student Medical Problems_____ _____

Doctor_____Phone number_____ Insurance carrier_____Policy number_____

Who is financially responsible for the student? _____

I hereby give permission to **All- kalak Summer Camp and kVAA** **,** to photograph and/or videotape the student for educational for promotional purposes. _____ (Initial)

PARENT STATEMENT

I hereby state that (camper's name) _____ is in good mental and physical health condition to participate in the activities provided by **KVAA,** including but not limited to all aspects of camping, craft , and dance training , basketball, soccer and or competition. I am fully aware that any activity involving motion, height or athletic activity creates the possibility of mild injury. I hereby release **KVAA., its employee and its staff** from liability to the above named attendant, of the person claiming through him/her, arising from injury to the person or property of the above named athlete occurring in the premises of Camp **KVAA., and ill ,** including any event sponsored or sanctioned by **KVAA.,** and or travel to and from such activities.

I understand that **KVAA ,** has the right to deny admittance to any student not meeting the standards of the program as it sees fit. I also agree not to hold these parties responsible in the event that my son/daughter/child engages in inappropriate conduct (including, but not limited to disruptive or volatile behaviour in or out of camp, etc.) or becomes involved in any activity or with any persons not associated with **KVAA ,** or its scheduled program and that **KVAA,** has the right to send him/her home for inappropriate conduct. I further attest that the information contained in this application is correct to the best of my knowledge. In addition, I have agreed to the policy and fee statement and agree to comply.

Parent Signature_____Date_____